



UNIVERSITY OF FLORIDA DEMOLITION PERMIT APPLICATION INSTRUCTIONS

Providing a complete permit application will allow us to properly process your application. Failure to provide all required information will delay your permit issuance. **If a field does not apply, input N/A in that field.** If you have questions, please call us at (352) 392-1591 and ask for the code's desk or email us at codes@ehs.ufl.edu

- **Instructions and application print on 8.5" x 14" paper.**

SECTION I – Applicant Information

1. Check the appropriate box of whether this application is by a contractor or a State agency employee.
2. Qualifier/Company Information – **required fields.**
 - a. If contractor, list all the requested information. Qualifier name and email address is required – do not provide any other name or email address for these fields.
 - b. If State Agency, list all the information for the employee responsible under the fields with an asterisk.
3. Authorized Agent – not required fields.
 - a. These fields are for an authorized contact to be listed on the permit to be notified of any deficiencies that need to be resolved for application and plans review in addition to the Qualifier. They will also be notified when the permit is ready.

SECTION II – Project Contact Information

1. Provide the contact information for the project manager employed by UF, SBAC, FSDB or UNF – **required fields.**
2. Provide the Architect or Engineer information if signed & sealed plans are part of the scope of work.

SECTION III – Project Information

1. Provide the Project name and number as given by the UF, SBAC, FSDB, or UNF project manager – **required fields.**
2. Provide the UF, SBAC, FSDB, or UNF building name, number, and address – **required fields.** SBAC applicants, list the SBAC school site for building name and provide the applicable SBAC building number. If you do not know the building number, contact your PM. **Do not provide a UF Health building number – UF Health numbers are alphanumeric.**
3. Provide the total project valuation cost – **required field.**
4. Provide a brief, detailed summary of work – **required field.**

SECTION IV – Hazardous Materials Involved

1. Check all the hazardous materials that will be removed, if any. If a material is not listed, check other and provide a description.

SECTION V – Applicant Statement

1. Read the applicant statement.
2. If signing digitally, the digital signature shall have the time stamp – which locks the document when applied. The digital signature must be able to be verified or the application will be sent back. The Qualifier or an agent authorized by the Qualifier may sign the application or the State agency employee completing the application. If authorized agent signs, a Signature Authorization Form signed and notarized by the Qualifier shall be submitted with this request or on file at EH&S for all Agents. The appropriate digital signature shall look like the example signature below:

John
Smith

Digitally signed
by John Smith
Date: 2020.03.26
17:50:29 -04'00'

3. If unable to apply the appropriate digital signature, applicant may physically sign, print their name, and date the application. The Qualifier or an agent authorized by the Qualifier may sign the application or the State agency employee completing the application. If authorized agent signs, a Signature Authorization Form signed and notarized by the Qualifier shall be submitted with this request or on file at EH&S for all Agents.
4. **Item #2 or #3 is required to process your application.**
5. **ALL APPLICATIONS SHALL BE SUBMITTED TO: codes@ehs.ufl.edu**



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- Complete all applicable sections below (Print Clearly or Type). If a field does not apply, input N/A.
- **If needed, application prints on 8.5” x 14” paper.**
- **SUBMIT completed application to: codes@ehs.ufl.edu**

SECTION I – Applicant Information _____ Contractor _____ State Agency* ** (UF, UNF, SBAC, FSDB)

*Provide the contact information for the State employee responsible for the permit.

** State Agency employees may apply & sign for projects valued up to \$200,000 per Florida Statute 489.103(3) 489.

Qualifier or Agency*:	FL Contractor’s License #:		
Company Name*:	Qualifier Email*:		
Company Address*:	City:	State:	Zip:
Company Phone*:	Authorized Agent:		
Agent Phone:	Agent Email:		

SECTION II – Project Contact Information*

*Provide the State Agency Project Manager Responsible for the permitted project.

PM Name*:	Design Prof.:
PM Phone*:	Design Prof. Phone:
PM Email*:	Design Prof. Email:

SECTION III – Project Information

1. Provide only one UF, UNF, SBAC, or FSDB building number & address per application. 2. Provide the UF, UNF, SBAC, or FSDB project name & number.

Project Name:	Project #
Building Name:	Building #
Address:	City: State: Zip:
Project Valuation: \$	
Description of work being performed (Provide detailed summary – “see attached” is not acceptable.):	

SECTION IV – Hazardous Materials Involved

<input type="checkbox"/> Fluorescent or Mercury Vapor Lighting	<input type="checkbox"/> High Intensity Discharge Lighting	<input type="checkbox"/> Mercury Thermostat/Switch
<input type="checkbox"/> Lighting Ballasts	<input type="checkbox"/> Batteries	<input type="checkbox"/> Lead Roof/Vent Flashing
<input type="checkbox"/> Lead Pipe	<input type="checkbox"/> Lead Paint/Painted Surfaces	<input type="checkbox"/> Oil/Petroleum
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Surfaces Chemicals	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Other:		

Comply with Section 469.003 Florida Statutes

SECTION V – Applicant Statement

Application is hereby made to obtain a permit to perform the work and installations as described above. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. All work shall comply with the edition of the Florida Building Code and all applicable codes and standards in affect at the time of application. This application is valid for 180 days upon the date received by the Building Department and shall be deemed to have been abandoned 180 days after the filing, unless such application has been pursued in good faith or a permit has been issued. I waive my right to limit EH&S from requesting additional information more than three times when reviewing this application. I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction.

Applicant**Signature **:****Printed Name:****Date:**

NOTE: If authorized agent signs, a Signature Authorization Form signed and notarized by the Qualifier shall be submitted with this request or on file at EH&S for all Agents.