



# UNIVERSITY OF FLORIDA BUILDING PERMIT RENEWAL OR EXTENSION APPLICATION INSTRUCTIONS

Providing a completed application will allow us to properly process your application. Failure to provide all required information will delay your renewal or extension 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](mailto:codes@ehs.ufl.edu)

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## Applicant Information

1. Check the appropriate box of whether this application is by a contractor or a State agency employee.
2. Check the appropriate box for what is being applied for – **required field.**
3. Provide all information listed – **required fields.**
4. Qualifier 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.

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## Reasoning

1. Provide a summary on why an extension or renewal is being requested as per the form – **required fields.**
2. Read the notice below the summary field.

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## Applicant Information & Notary

- **ONLY** the Qualifier of the contracting license shall sign the application. **No authorized agents shall sign.**

### OR

- The State Agency employee responsible for the permit shall sign the application if permit issued under the Agency Name.
- Application shall be notarized prior to submitting for extension or renewal – including State Agency employees.

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**ALL APPLICATIONS SHALL BE SUBMITTED TO: [codes@ehs.ufl.edu](mailto:codes@ehs.ufl.edu)**



# UNIVERSITY OF FLORIDA BUILDING PERMIT RENEWAL OR EXTENSION APPLICATION

**SUBMIT completed application to: [codes@ehs.ufl.edu](mailto:codes@ehs.ufl.edu)**

**Applicant Information** \_\_\_\_\_ Contractor \_\_\_\_\_ State Agency\* (UF, UNF, SBAC, FSDB)

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

Renew an expired permit.       Extend the expiration date of an existing permit.

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

Qualifier or Agency Name\*: \_\_\_\_\_

Qualifier Email\*: \_\_\_\_\_

Qualifier Phone\*: \_\_\_\_\_

Qualifier FL. License #: \_\_\_\_\_

**Reasoning for extending permit or permit reinstatement (include why inspections were delayed or not scheduled):**

- As per the conditions set forth in the Florida Building Code, section 105.4 - permits shall expire and become null and void if work, as defined in section 105.4.1.3, authorized by such permit, is not commenced within 180 days of the permit issuance or if such work when commenced is suspended or abandoned for a period of 180 days. If the work covered by the permit has not commenced, or has been suspended or abandoned, the building official may extend such permit for a single period of 180 days from the date of the expiration of the initial permit if request for the extension is made prior to the expiration date of the initial permit. The fee for renewal of a permit shall be set forth by the administrative authority.
- Failure to request and close out permits will result in your license being reported to DBPR for administrative action in accordance with Florida Administrative Code 61G4-19.001 and Florida Statute 489.129(1)(o).

**Applicant Name\*:** \_\_\_\_\_

**Applicant Signature\*:** \_\_\_\_\_

**NOTE:** Only the Qualifier of the License shall sign – no Authorized Agents. State agency applicant responsible for the permit shall sign.

STATE of \_\_\_\_\_; County of \_\_\_\_\_; Sworn to (or affirmed) and  
subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by,

\_\_\_\_\_ (printed name of Licensed Qualifier or State Employee)

that is \_\_\_ personally known by me or has \_\_\_ produced \_\_\_\_\_ as  
identification.

Notary Signature: \_\_\_\_\_

Notary Seal