



UNIVERSITY OF FLORIDA TEMPORARY BUILDING 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 to your permit, 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

SECTION I – Applicant – Department/Entity Contact Information

1. Provide the department name or other entity contact information that is requesting the temporary structure - **required fields.**

SECTION II – Temporary Building Company Information

1. Provide the temporary setup company contact information – **required fields.**

SECTION III –Project Information*

***Provide a sitemap of the area that shows the location and number of temporary buildings being erected.**

1. Provide the name of the UF, UNF, SBAC, or FSDB building that the temporary structure will be for or closest to. If not for a building but will be erected in a field or plaza, provide the name of the field or plaza. SBAC applicants, provide school campus name – **required field.**
2. Provide address for the temporary building.
3. Provide the dates for setup, event, and removal – **required fields.**
4. Provide the total square footage of all temporary buildings and total occupant load – **required fields.**
5. Check yes or no for the questions listed. – **required fields.**

SECTION V – Applicant Statement

1. Read the applicant statement.
2. The applicant listed in **Section I** or Temp Building Installer shall sign the application and will be responsible for the permit fees.
3. 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 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'

4. If unable to apply the appropriate digital signature, applicant may physically sign, print their name, and date the application.
5. **Item #2 or #3 is required to process your application.**
6. **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.
- **SUBMIT completed application to: codes@ehs.ufl.edu**

SECTION I – Applicant – Department/Entity Contact Information

Department/Entity Name: _____
 Contact Name: _____
 Contact Phone: _____ Contact Email: _____

SECTION II – Temporary Building Company Information

Company Name _____
 Contact Name: _____
 Contact Phone: _____ Contact Email: _____

SECTION III – Project Information*

***Provide a sitemap of the area that shows the location and number of temporary buildings being erected (required for permit).**

Temporary Building Location (Provide closest Building Name or Area): _____
 Address: _____ City: _____ State: _____ Zip: _____
 Setup Date: _____ Event Date: _____ Removal Date: _____

Combined Square Footage (L x W) of all structures: _____
 Combined Occupant Load (Use 15 s.f./person if tables & chairs provided; 7 s.f./person standing only): _____

Special Events Form Completed & Approved:	___ YES	___ NO
Building open on all sides?	___ YES	___ NO
If enclosed, are EXIT signs provided?	___ YES	___ NO
Is structure flame retardant (provide flame retardant certificate – required for permit)?	___ YES	___ NO
Any open flam devices being used (including candles and food warmers)?	___ YES	___ NO
Will a portable generator be used on site?	___ YES	___ NO
Will a minimum of one (1) 2A:10B:C 5-pound Fire Extinguisher will be provided?	___ YES	___ NO
Is the extinguisher tag current & inspected by a Florida Fire Equipment Dealer?	___ YES	___ NO

SECTION V – Applicant Statement

Application is hereby made to obtain a permit to do the work and installations as indicated. 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 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 date of filing, unless such application has been pursued in good faith or a permit has been issued. **The Issued Permit is limited from the Erection date to the Removal date indicated above and shall not be permitted to exceed 180 days.** 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: _____ Print Name: _____ Date: _____