

# UNIVERSITY OF FLORIDA PHASED PERMIT APPLICATION

**INSTRUCTIONS** 

Providing a completed 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

• Instructions print on 8.5" x 11 & application prints 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 Information**

- 1. Provide the project information as requested required fields
  - a. <u>Do not provide a UF Health building number UF Health numbers are alphanumeric.</u>

#### SECTION III – Application Type – PHASED PERMIT

• This application is for a **PHASED PERMIT ONLY**. Read below to understand what a Phased Permit is before applying.

After submittal of the appropriate construction documents, the building official is authorized to issue apermit for the construction of foundations or any other part of a building or structure before the construction documents for the whole building or structure have been submitted. The holder of such permit for the foundation or other parts of a building or structure shall proceed at the holder's own risk with the building operation and without assurance that a permit for the entire structure will be granted. Corrections may be required to meet the requirements of the technical codes. FBC–Building 105.13

## SECTION IV – Required Submittals – required at time of application.

• Provide all the required documents in this section as **separate attachments** when submitting the application.

## SECTION V – Applicant Statement

- 1. Read the applicant statement.
- 2. 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.
- 3. The application shall be notarized before submitting the application.



Permit#:

Application prints on 8.5" x 14" paper.

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Complete all applicable sections below (Print Clearly or Type). If a field does not apply, input N/A.

• SUBMIT completed applicati	ion to: codes@ehs.ufl.edu			
SECTION I – Applicant Information for the	ation Contractor the State employee responsible for the p		Agency* ** (UF,	UNF, SBAC, FSDB
	y & sign for projects valued up to \$200		Statute 489.103(3	).
Qualifier or Agency*:		actor's License	e #:	
Company Name*:	Qualifier	Email*:		
Company Address*:	City:	1.1	State:	Zip:
Company Phone*:	Authorize			
Agent Phone:	Agent En	1811:		
<b>SECTION II – Project Informati 1.</b> Provide only one UF, UNF, SBAC, FSDB project name & number.	ion , or FSDB building number & address p	per application.	2. Provide the UF,	UNF, SBAC, or
Project Name:		Project		
Building Name:		Buildir		
Project Address:	City:		State:	Zip:
or structure have been submitted. The proceed at the holder's own risk w	ther part of a building or structure before he holder of such permit for the foundation that the building operation and without ons may be required to meet the required	ion or other part ut assurance th	s of a building or s at a permit for th	tructure <u>shall</u> e entire
<ol> <li>Completed Universal Building Per</li> <li>List of drawings and documents in a. Number of attached sheet</li> <li>Overall Phase layout plan. Submit</li> <li>Plans and documents for review be NOTE: An amended universal building request. Construction plans may need</li> </ol>	ttal of a Life Safety Plan as requested.	— Detailing schruction.  submitted to EH treview submitt	eduled construction  &S with each addi	n phase.  tional phase start
	nent er, or authorized agent of the contractin nittals as required in Section IV above.	g Qualifier have	e read and acknowl	edge <u>Section III</u>
Applicant	D.C.A.d.N.			Data
NOTE: If authorized agent signs, a Signa on file at EH&S for all Agents.	Printed Name: ature Authorization Form signed and notarization	zed by the Qualifi	er shall be submitted	with this request or
STATE of	; County of	•	Sworn to (or affi	rmed) and
subscribed before me on this	; County of; day of	, 20	) by,	,
	(printed name of Lic			
	known by me or has produced			
as identification.	· — · —			
Notary Signature:		No	otary Seal	