

Note: This form is for a Building Permit application only. (Type)

Facility/School: _____ Date: _____

Project Title: _____ VCS Project #: _____

Project Description: _____

Project Cost: _____

Architect/Engineer: _____ A/E Contact: _____

Address: _____ Phone: _____

A/E Florida License #: _____ Email: _____

Please submit the following documents with this application. An application will not be accepted unless it is complete. (Check documents that accompany this application.)

- ☐ 3 complete sets of project drawings/specifications, signed and sealed by the A/E
- ☐ 1 copy – Florida Energy Efficient Code (FEEC) compliance forms
- ☐ 1 copy – Life Cycle Certification Analysis (LCCA) Data Summary Sheet
- ☐ Other agency permits. List: _____
- ☐ 1 copy of the State contractor licensing and insurance information. Submit with form 2B, Contractor License and Insurance Information
- ☐ 1 copy of form 2C, Document Delivery/Pick-up Authorization

Notice: No work shall commence until a School District of Volusia County building permit is issued. (FBC 2017, Section 105.1)

Notice: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies, or federal agencies. (FBC 2017, Section 105.3.3)

Contractor

Volusia County Schools Project Manager

Company Name: _____ Name: _____

Address: _____ Title: _____

Phone #: _____ Signature: _____

Email: _____ Phone #: _____

Qualifier Signature _____

State License #: _____

Notary Signature and Date for Contractor's Signature

Notary Seal

Building Department Use Only

Date Submitted:	_____		
Date Reviewed:	_____	By: _____	Corrections: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	_____ _____		
Date Resubmitted:	_____		
Date Reviewed:	_____	By: _____	Corrections: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	_____ _____		
Contractor Licenses/Insurance Date Received:	_____		
Date Reviewed:	_____	By: _____	Corrections: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	_____ _____		
Building Permit: Date Issued:	_____	Permit #:	_____