



INDIAN RIVER STATE COLLEGE

FACILITIES & SUSTAINABILITY DEPARTMENT
ENGINEERING & BUILDING ADMINISTRATION DIVISION
3209 VIRGINIA AVENUE
FORT PIERCE, FLORIDA 34981
Phone (772) 467-50
Fax (772) 467-687

APPLICATION MAJOR PROJECTS

GENERAL INFORMATION

(TO BE SUBMITTED BY THE PROJECT CONTRACTOR OR CONSTRUCTION MANAGER) STREET ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTRACTOR TYPE & LICENSE NUMBER: _____

QUALIFYING AGENT'S NAME: _____

QUALIFYING AGENT'S SIGNATURE: _____

PROJECT NAME: _____ BCA NUMBER: _____

STREET ADDRESS: _____

\$ VALUE & DESCRIPTION OF WORK: _____

| Occupancy Classification | Construction Type (FBC) | Floor Area Gross Square Feet | Building Height (Feet) |
|--------------------------|-------------------------|------------------------------|------------------------|
| | | | |
| | | | |



INDIAN RIVER STATE COLLEGE

FACILITIES & SUSTAINABILITY DEPARTMENT
ENGINEERING & BUILDING ADMINISTRATION DIVISION

BUILDING PERMIT APPLICATION

SUB – CONTRACTOR LIST

ELECTRICAL SUB-CONTRACTOR

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

MECHANICAL SUB – CONTRACTOR

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

LICENSE NUMBER: _____

PLUMBING SUB – CONTRACTOR

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____



INDIAN RIVER STATE COLLEGE

FACILITIES & SUSTAINABILITY DEPARTMENT
ENGINEERING & BUILDING ADMINISTRATION DIVISION

BUILDING PERMIT APPLICATION

SUB-CONTRACTOR LIST (CONTINUED)

GAS SUB-CONTRACTOR

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____

OTHER SUB – CONTRACTOR

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____

OTHER SUB – CONTRACTOR

LAST NAME: _____ FIRST NAME: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ FAX NUMBER: _____
LICENSE NUMBER: _____

GENERAL / BUILDING CONTRACTOR'S SIGNATURE: _____

DATE: _____