



Department of Engineering & Utilities
 777 Glades Road
 P.O. Box 3091
 Boca Raton, Florida 33431-0991
 Phone (561) 297-2204
 Fax (561) 297-1012

ANNUAL FACILITY PERMIT (Calendar Year- ____)

Issued To: _____ Date: _____

Department: _____ Permit Expiration: _____

<u>Building(s)</u>	<u>Scope of Work</u>

The permit holder is responsible for providing direct on-site supervision of construction activities and for ensuring that all work conforms to all applicable codes and standards. The applicant is also responsible for maintaining the job log per Chapter 553.80 F.S.

 Name (printed) Title

 Signature of Permit Holder, Date
 By signing I certify that to the best of my knowledge all provisions of Laws, Ordinances, and Codes governing this type of Work will be compiled with.

 Building Code Administrator, Date
 Florida Atlantic University
 Engineering & Utilities Department
 Building Code Administration

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 governmental entities such as water management districts, state agencies, or federal agencies.

ATTACHMENT "A"



ANNUAL FACILITY PERMIT LOG

Name: _____ Year: _____ Dept: _____ Position: _____

University Address: _____ Phone: _____ Fax: _____

Log Location: _____ Email: _____

Month Ending: Circle One: JUL AUG SEP OCT NOV DEC JAN FEB MAR APR MAY JUN

Bldg# & Room#	Description of Work	Vendor	License Number	Start Date	End Date	Cost of Work

Signature: _____ (attach additional sheets as necessary)

ATTACHMENT "B"