



# INDIAN RIVER STATE COLLEGE

FACILITIES & SUSTAINABILITY DEPARTMENT  
ENGINEERING & BUILDING ADMINISTRATION DIVISION  
3209 VIRGINIA AVENUE  
FORT PIERCE, FLORIDA 34981  
Phone (772) 467-50  
Fax (772) 467-87

## 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)





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## BUILDING PERMIT APPLICATION

### SUB – CONTRACTOR LIST

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#### ELECTRICAL SUB-CONTRACTOR

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

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#### MECHANICAL SUB – CONTRACTOR

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

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#### PLUMBING SUB – CONTRACTOR

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



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## BUILDING PERMIT APPLICATION

### SUB-CONTRACTOR LIST (CONTINUED)

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#### GAS SUB-CONTRACTOR

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

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#### OTHER SUB – CONTRACTOR

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

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#### OTHER SUB – CONTRACTOR

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

GENERAL / BUILDING CONTRACTOR'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_