

## Building Code Compliance Office 6501 Magic Way, Building 100C

Orlando, FL 32809

Phone# 407-317-3794 Fax# 407-317-3950

**Website - Building Code Compliance Office** Email - BuildingCode@ocps.net

## **PERMIT APPLICATION**

Application only to be used if GC Master Permit is under the

| DEDICATE II  | old 7th Edition 2020 FE  |
|--|--|
| PERMIT # (To be entered by BCCO)   | Code Date: 7th Edition 2020 FBC  |
|  |  |
| Master Permit#   | <del></del>  |
| Proposed Occupancy:    Educational (E)   |  |
| roposed Use: $\square$ Assembly (A) $\square$ Business (B) $\square$ Education   | nal (E) $\Box$ Storage (S) $\Box$ Utility (U)  |
| ermit Type: □Building □Plumbing □Mechanical □Electrical □Site □  | Portable □Canopy □Demo   |
| IIrrigation □Roofing □Sign □Gas □Fence □Low Voltage □Playgrour   |  |
| Infrigation   Rooting   Sign   Gas   Grence   Low Voltage   Griaygroun   | id \( \sidewalk \)   |
| Facility Name  |  |
| Facility Address  Facility Owner Orange County Public School Board   |  |
| CI A NI  | E-mail   |
| Contractor Name Phone #  | Fax#  E-mail  Fax  Expiration Date   |
| Contractor FL State License or Registration Number   | Expiration Bate  |
| Architect Name Architect Address   | Phone#   |
| Engineer Name  | Phone#   |
|  |  |
| ptions:  Removal Threshold Building  I CERTIFY THAT NO WORK/INSTALLATION HAS COMME  ONTRACTOR'S AFFIDAVIT I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE   | NCED PRIOR TO THE ISSUANCE OF A  |
| Engineer Address  □ Removal □ Threshold Building  □ I CERTIFY THAT NO WORK/INSTALLATION HAS COMME  CONTRACTOR'S AFFIDAVIT  I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE COMPLIANCE WITH ALL APPLICABLE LAWS AND CODES REGULATING CONTRUCTURE SHALL BE CONSTRUCTED PER THE STATE OF FLORIDA CODES I UNDERSTAND THAT A SEPARATE PERMIT WILL BE REQUIRED FOR  | NCED PRIOR TO THE ISSUANCE OF A TE AND THAT ALL WORK WILL BE DONE IN NSTRUCTION AND ZONING, AND THAT THE   |
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## REQUIRED INFORMATION

| VALUE OF WORK \$  | TOTAL SQUARE FOOTAGE  |
|---|---|
| NUMBER OF STORIES   | TOTAL IMPERVIOUS SQUARE FEET  |
| CONSTRUCTION TYPE   |   |
| JOB DESCRIPTION: INCLUI   | DING OCPS PROJECT NUMBER, BUILDING/ PORTABLE NUMBER(S), ETC.  |
|   |   |
|   |   |
|   | DOCUMENT CHECKLIST  |
| Permit number and school/facil  | ity name must be referenced in all emails. Permit number is issued after application is reviewed and accepted in MyGov.   |
| Original Permit Application: Y kj "pqvctkl gf "Eqpvtcevqt)u"Uki pcwstg"vq"dg"wr mqcf gf "kpvq"O {I qx"cv'vko g"qh'r roject reques |   |
| Contractor  | License: Qpn[ "tgs wktgf "kh"O {I qx"shows"au"gzr ktgf 0*Go cknto BuildingCode@ocps.net)  |
| Proof of V  | Workers Compensation Ins: "Qpn( 'tgs wktgf 'kh'O {I qx'shows"au"gzrktgf 0(Go cknto BuildingCode@ocps.net)   |
| Site Plan:  | Showing entire campus and location of proposed work. (Email to BCCOPlans@ocps.net)  |
| Safety Plan   | n: Site and Contractor Specific on student and staff occupied sites describing separation   |
| of construct  | ion with students & staff. (Email to BCCOPlans@ocps.net)  |
| 1. New a  | Specifications:  nd Comprehensive Projects (2 COMPLETE SETS signed & sealed) (Shop drawings, submittals and ject construction documents to be submitted through the designer to the OCPS FTP Site)  g facilities projects shall have the plans and submittals sent electronically to bccoplans@ocps.net |
| Energy Cal  | <b>Iculations:</b> As required, 3 sets signed and sealed by the designer plus one electronic set.   |
| Threshold   | Inspection Plan: If Threshold or EHPA Building.   |
|   | ner Agent Signature and Project Type Check Box: Required for all permit applications that do not Master Permit Number.  |

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

\*Orange County Public Schools are exempt from Notice of Commencement for requirement by Florida Statute" 713.135

NOTE: THIS FORM MAY BE COPIED BUT SHALL NOT BE ALTERED IN ANY WAY.

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