

PERMIT APPLICATION | Project #:

REQUIRED FOR ALL PROJECTS. Does not apply to projects permitted under the Maintenance Department's Annual Maintenance Permit.

(1) Location of Improvements & General Information:			(2) Contractor Information:		
School or Facility Name:			Owner Name:		Lic. #
Address:			Company Name:		
City:	State:	Zip:	Address:		
Location #:	Region #:		City:	State:	Zip code:
Project Manager's Name:			Qualifier's Name:		
P.M. Phone #	Beeper #:		Phone #:	Lic. #:	

(3) Project Type:		Occupancy Type:		Code in effect:	
Check all that apply				As of above date	
New Facility:	Addition Attached:	Addition Detached:	Demolition:	Interior Remodel:	
Exterior Remodel:	A.D.A.:	Life Safety:	Re-Roof:	M+R:	Site Improvement:
Portable Relocation:	Renovation:		Close-Out:	Punch List Completion:	
New Portable Prototype:	Other:	Multiphase Project:	Yes	No	Phase #: of:
Threshold Bldg:	Yes	No	Coastal:	Yes	No
Temporary Bldg:		Remove date:			
Change of Use:		Current Use of Property:		Use after work performed:	
Description of Work:					
Gross Square Feet:			Estimated Value of Work \$:		

(4) Permit Type:			(5) A/E Information:		
Check all that apply					
Demolition	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Company Name:	
General Building	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	A/E of Record:	
Foundation	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	License #:	Expiration date:
Earthwork	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Address:	
Structural Shell	<input type="checkbox"/>	Paint	<input type="checkbox"/>	City:	State:
Mechanical	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	Zip Code:	
			Phone # (office):		

(6) Change to Existing Permit			Project #		Permit #
Check applicable					
Change of Contractor	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	(7) Owner Information:	
Change of A/E	<input type="checkbox"/>	Revision	<input type="checkbox"/>	Owner is M-DCPS	
Supplement to permit	<input type="checkbox"/>	Extension	<input type="checkbox"/>	If other than M-DCPS:	
Maintenance Emergency Project	<input type="checkbox"/>	Permit #:	Company Name:		
			Name:		

Comments:			Address:		
			City: State: Zip: Phone #		
			Applicable License #:		

(8) Workman's Compensation:			(9) Bonding Information:		
Name:			Name:		
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone #:	Policy #:		Phone #:	Policy #:	

NOTE: Application is hereby made to obtain a permit to do work and installation as indicated above. I certify that all work will be performed to comply all laws, Statutes, Codes, Board Rules & Procedures regulating construction in this jurisdiction. I understand that separate permits may be required for electrical, plumbing, mechanical and roofing work and that there may be other permits required from other government agencies. GC shall submit a list of all subcontractors to be used (name & lic.#) in project. I certify that the above information is accurate to the best of my knowledge.

Owner or owner's agent _____ Date _____

Qualifier _____ Date _____
 Note: Must be currently Pre-Qualified by M-DCPS