

ANNUAL FACILITY MAINTENANCE PERMIT APPLICATION

For Maintenance and Repair, Routine and Emergency Services and minor Renovation projects under \$200,000.00 per F.S. 553.80(6)(d)

M-DCPS Facility: _____

For Permit Year: _____

To: _____

Location # _____

Region: _____

Leased _____

Board Owned Facility _____

Maintenance Satellite Location: _____

Satellite Director: _____

Describe Current Use of Facility: _____

Satellite Phone # _____

Educational _____

Other: _____

Please Specify

Permit Applied for:

Check All that Apply

Minor Renovations*	Electrical	Mechanical	Plumbing	Gas
Minor Demolition	Roof Repair	Signs	Site Maintenance	Other
Portable Relocation	Surface Renovations & Repairs		Equipment Installation	

*Minor Renovations over \$50,000.00, requires an A/E. These projects shall not affect exiting, change the use of a building or space, or alter / upgrade utility loads. If they do, they will be considered a Remodeling and a formal Building Permit shall be applied for, regardless of cost.

Please Provide a General Description of the Parameters of Work Intended to be Performed during the Year:

Note: Scope of work must comply with the definition of Maintenance & Repair in the FBC, Section 423, F.S. 553.80 or otherwise allowed above.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____

Notes:

An Annual Facility Permit does not mean that projects are not required to be reviewed and inspected for compliance with the FBC and SREF.

It only means that projects that fall under this category are not required to apply for a permit individually.

Application is hereby made to obtain an Annual Facility Permit to do Work and Installation limited as indicated above. I certify that all work will be performed to meet the standards of all laws, Statutes, Codes, Board Rules and Procedures regulating construction in this jurisdiction. I understand that there may be other permits required from other government agencies. ALL New Construction, Addition & Remodeling projects are required to apply for an individual permit regardless of cost.

Satellite Director _____

Date _____

Executive Director _____

Date _____

I hereby certify that the above information is accurate to the best of my knowledge