	donia Building Permit	
Send completed building permit appl Facilities Planning, 140 Hendrix Hall	ication to: Code Compliance Manager	
Applicant's Name:		Date:
		Department:
(Applicant will be the primary	contact for this project)	
Phone Number:		Optional: Name(s) of other involved parties
Fax Number:		
Email:		
Project Name:		Bldg. Name: Bldg. No.:
Construction Start Date:		Construction Completion Date:
Who is doing the work? (Check	all that apply):	1
□ Contractor	☐ Building Services and Grounds	□ Other (Explain):
□ Facilities Services	□ Department Labor	· · ·
Description of Project and Scop	1	
r		
Status of Project:	☐ Schematic Design Phase (We can o	only review the SDs, not issue a permit)
otacas of Froject.	☐ Documents Ready to Review	☐ Under Construction (Oops!)
	12 Documents Ready to Review	E chaci construction (Cops.)
Dagingt Niverbau	Facilities Planning	Use Only
Project Number:		
Time Frame:		
Request For Additional Informa	ution:	Date Requested:
= D N A		Deve
□ Permit Not Approved		Date:
□ Permit Approved		Date:
□ Permit Not Required		Date:
Code Compliance Coordinator	Signature:	
		Date:
C. I. C I'm Manager	Description (Company of Description Assert Descript	
Code Comphance Manager Sigi	nature (Signature Required for Approval):	,
		Datas