

Fill out a permit application form, available at the Office of Facilities Planning, and Construction, Construction Services/Code Compliance Department, located at 444 Appleyard Drive, Tallahassee, FL 32304, Building 54 Construction Services/Code Enforcement Department Or You can also request an electronic file at Facilities@TSC.fl.edu

Submit the application to the Construction Services/Code Compliance Department with the following construction documents:

- Two (2) complete sets of Phase III 100% construction plans, signed and sealed by Architect/Engineer and Two (2) sets of Construction Specifications.** For projects under \$50,000, no sealed documents are required.

Required plans shall contain the following information:

Site Plan	Life Safety
Elevations	Fire Protection Plan
Foundation/Structural Plans	Wall Section Plan
Floor Plan	Mechanical Plan
Electrical Plan	Plumbing Plan

A Plan Review will be done by the Office of Construction Services/Code Enforcement Department as applicable. They will issue all Permits, Certificates of Occupancy and/or Certificates of Completion, regardless of project cost.

- Insurance Certificate including the following (including subcontractors):**
 - General Liability, Auto Liability, Excess/Umbrellas Liability & Workers' Compensation.
 - Tallahassee State College must be listed as additional insured.
 - Specific project must be stated.
- Copy of Contractor's and Sub-Contractor's licenses (per F.S., Chapter(s) 489 and 633)**
- Complete list of all subcontractors**
- Product approval (if applicable)**
- Copy of Environmental Permit (if applicable)**

You are required to comply with all sections of this Permit Package, including, but not limited to:

- **Satisfaction of all TSC Construction Services/Code Compliance Department Review Comments.**
If mandatories are not met within 30 days of receiving TSC Construction Services/Code Compliance Department's comments, a letter will be issued to the Contracts Division of TSC Office of Facilities Planning and Construction to withhold future payments until all comments are satisfied.
- **Submission of all required licenses and insurance certificates**
- **Applicable sections of the Florida Product Approval Specifications must be completed before a permit will be issued.** *The building envelope items requiring product approval will not be allowed to be installed until product approval is received.*

You will be notified when your permit is ready to pick up. Please note on the application the best way to contact you—via phone or email.

The Building Permit must be displayed at the job site, protected from the elements, and accessible to the Building Inspector.



Tallahassee State College , Office of Facilities Planning and
 Construction, Construction Services/Code Compliance
 Lorenzo Hillman, Building Official/Fire Marshal

444 Appleyard Drive Phone: 850-201-8750
 Email: facilities@tsc.fl.edu

ALL INFORMATION MUST BE FILLED IN OR INDICATE N/A.

Date Submitted:

Building Site:

Occupancy Load: Cost of Improvement: \$ Sq. Ft.:

Description of work to be performed:

Contractor: License No.:

Office Address: Zip:

Project Contact Person: Cell Phone No.:

Contact email address:

Architect: License No.:

Office Address: Zip:

Project Contact Person: Cell Phone No.:

Contact email address:

Construction Type: _____ EPHA: Yes No

Type of Work:

- New Construction (01) Addition (02) Renovation (03) Repair (04) Roofing (05)
- Electrical (06) Plumbing (07) Mechanical (08) Gas (09) Other (10)

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| Ownership | Type Sewage Disposal | Type Water Supply | Easements on Site | Sprinklers |
| <input type="checkbox"/> Public | <input type="checkbox"/> Public | <input type="checkbox"/> Public | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Private | <input type="checkbox"/> Private | <input type="checkbox"/> Private | <input type="checkbox"/> No | <input type="checkbox"/> No |

As per F.B.C. 104.3.1.1, the following data or documents (if applicable) must be included with this permit application:

Product Approval Information: Provided Date Provided: _____ Not Applicable

Insurance Certificates: (LCSB must be listed as Additional Insured on certificate as well as the specific project.)

- General Liability Auto Liability Garage Liability Excess/Umbrella
- Workers' Comp (If exempt, you must provide a copy of exemption.)
- LCSB listed as Additional Insured Project Listed
- Copy of Environmental Permit (if applicable)

	Included:		Included:
Site Plan – Must be included with all permit applications.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Exterior Elevations	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Soil Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Floor Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Wall Section	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Mechanical	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Foundation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Gas	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Roof Framing Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Demolition	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Fire Protection Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Life Safety Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Exterior Elevations	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

Contractor Information

Type	Contractor & Company Name	License Number (Provide copy of License)	Phone Number
Principal Contractor			
Subcontractors:			
Electrical			
Plumbing			
Mechanical			
Roofing			
Gas			
Sheet Rock			
Concrete			
Storm Water			
Demolition			
Asbestos			
Other			
Other			
Other			

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state law regulating construction or performance of construction.

Name of Bonding Company: _____

Contractor Name (Please Print)

Signature of Contractor

The completed and signed off permit "hard copy" must be returned to the TSC Construction Services/Code Compliance Department upon Final Inspection of the project. **The project cannot be closed out and final payment made until the executed permit is returned.**

PROJECT INSPECTION ITEMS AND PROCEDURES

Contractors requesting inspections **must provide a 24-hour notice** to the Construction Services/Code Compliance Department. You will find the Inspection Request Form in the Job File and included within this application package. These forms must be emailed to facilities@tsc.fl.edu. Inspections will not be conducted on Saturdays, Sundays or observed holidays; unless pre-arranged prior to.

Please print and complete the form in its entirety and provide the following information when requesting an inspection:

1. Permit Number
2. Job location
3. Contractor requesting the inspection
4. Contact number of requestor
5. Type of inspection requested
6. Date and time item will be ready for inspection

Please have project superintendents' initial, where indicated, ensuring they have verified the work requested to be inspected is ready. This will reduce the number of return trips for our inspectors have to make to re-inspect work that was not ready the first time.

You may contact the following inspection staff with questions, but not for scheduling inspections.

Lorenzo Hillman- 850-201-8750

If an emergency arises, please contact the TSC Construction Services/Code Compliance Department at 850-201-8750 and we will make every effort to have an inspector available when you need one.

Items requiring inspection or notification by the Contractor, include, but are not limited to FBC-B Section 110 and the list below, using the following key.

A = Items for which inspection is mandatory.

B = Items for which the Contractor shall provide notification.

Demolition

Disconnection of all utilities – A

Final inspection - A

Site work: (By site work contractor)

Soil removal for over-excavation – B

Soil compaction – B

Soil compaction testing – B

Subsurface preparation for all landscaping – B

Concrete: (Note: each occurrence, regardless of size, requires notification):

Footings, immediately prior to placing concrete (evidence of termite treatment and dewatered with rebar in place) – A

Concrete slabs immediately prior to placing concrete (reinforcing, evidence of termite treatment, vapor barrier, and utilities in place) – A

Rebar placement and formwork for all structural concrete elements – A

Structural concrete placement – A

Masonry: (Note: each occurrence, regardless of size, requires notification):

CMU cells with reinforcing in place prior to filling with grout – A
Placing of cell filled insulation - B
Placing grout in CMU cells – B

Steel:

Structural steel erection – B
Testing of structural steel connections – A
Structural steel members and connections prior to concealment by subsequent construction – A

Roofing/Thermal and Moisture Protections:

Inspect deck condition prior to commencement of roofing – A
Commencement of roof insulation installation – B
Application of roofing membrane plys (or cap sheet) – B
Installation of metal roofing – B
Inspection of finished roof by Manufacturer's Rep – A
Insulation placement prior to concealment – A

Windows:

Inspection of frame anchoring in exterior walls prior to installation of glazing or cover metals - A
Inspection of finished installation by Window Manufacturer's Rep - B

Framing/Finishes:

Metal stud walls prior to application of Gypsum Panel Products – A
Drywall screw inspection - A
Inspection of base materials (mesh, Styrofoam) prior to application of base or finish coats (Dryvit System) - A
Installation of ceramic tile, carpet, VCT or other building products – B

Plumbing - Buried Pipe (Rough-in):

Before insulation – A
Prior to any pour of anchors or other underground concrete over pipes, including foundations – A
Prior to backfill (Insulation Inspection) – A
Witness pressure test – A

Mechanical (Ductwork):

Prior to external insulation - B
Blower leak test – B
Above gypsum ceilings – before ceiling installation – A

Plumbing - Above Ground Pipe (Rough-in):

Prior to any concrete pour around pipe penetration – A
Witness pressure test – A
Prior to insulation – B

Gas Pipe - Buried:

Under slab – inspect before installation in sleeves – A
Inspect all gas pipe in sleeves or not, prior to burial – A
Placing of burial tape - B
Witness pressure test - A

Underground Tanks:

Inspect steel in dead-men or slabs prior to pour – A

Inspect pit and tank prior to lowering tank – B

Inspect tank and tie-down prior to backfill - A

Plumbing - Domestic Water Pipe, Below Slab (Rough-in):

Inspect and witness pressure test before backfill – A

Electrical:

Testing of all electrical systems (intercom, clocks, power, etc.) – A

Installation of electrical conduit, wiring and equipment – B

Inspect underground conduits prior to backfilling – A

Placing of burial tape - B

INSPECTION REQUEST FORM

The Building Permit MUST be displayed at the job site.
 A copy of each Inspection Request MUST be on file at the JOB SITE

PERMIT #:

Site/Building #:

INSPECTION REQUEST INFORMATION	
DATE INSPECTION REQUEST SUBMITTED:	
<u>LIST DETAILED INFORMATION FOR TSC PERMITTING INSPECTION RECORDS</u>	
<u>Specific Building(s)/Location(s) of Inspection:</u>	
<u>Additional Information:</u>	
Person Requesting Inspection:	Superintendent's Initials: _____
Company:	(Indicates ready for Inspection)
Contact Person Phone Number:	
Date Requested for Inspection:	Time: _____ a.m. p.m.
TSC OFFICIAL USE ONLY	
Inspector:	
Date of Inspection:	Time: _____ a.m. p.m.
Inspection Outcome: <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED <input type="checkbox"/> CONDITIONAL	
<u>Deficiencies Noted:</u>	
<u>Additional Information/Description:</u>	
<p><u>TSC Staff:</u> UPON COMPLETING REQUESTED INSPECTION, PLEASE RETURN INSPECTION REQUEST TO THE CONSTRUCTION SERVICES & CODE COMPLIANCE OFFICE.</p>	

ATTENTION CONTRACTORS

This is an official notice that insurance records meeting the requirements stated below, **must** be submitted with your Building Permit Application to the Office of Facilities Planning, and Construction, Construction Services & Code Compliance Department. Liability and Workers' Comp. Insurance is required by State Requirements for Educational Facilities (SREF), Chapter 4, Section 4.2(b) states, ***"The Board shall verify that the Contractor has a valid license, as required by Chapter 489, F.S., and through a Letter of Insurability or Certificate of Insurance, is maintaining the insurance coverage's and limits as required by Law. The Board may deny contract approval on this basis, as permitted by Section 489.113(4) (c), F.S. The Project shall be covered by the following insurance, with limits as required by Law:***

- 1. *Workers' Compensation and Employer's Liability;***
- 2. *Public Liability to include Personal Injury, Bodily Injury, and Property Damage;***
- 3. *Products and Completed Operations Liability;***
- 4. *Business Automobile Liability, including owned, non-owned, and hired automobiles;***
- 5. *Property All-Risk Coverage to one-hundred percent (100%) of the value at risk. This is subject to the deductibles acceptable to the Board.***
- 6. *Boiler and Machinery Insurance as required."***

The Department of Financial Services, Division of Workers' Compensation, does issue Certificates of Exemption from Workers' Comp Coverage for the individual only. **If you employ one (1) or more employees, you must have Workers' Compensation coverage on them.**

Submit your Certificate of Liability Insurance and Workers' Comp with your Building Permit Application to:

Tallahassee State College, Office of Facilities Planning, and Construction,
Construction Services & Code Compliance Department
444 Appleyard Drive
Tallahassee, FL 32304
facilities@tsc.fl.edu

Tallahassee State College must be listed as Additional Insured and the specific project must also be listed. Failure to obtain this coverage will result in you being denied work with Tallahassee State College

Tallahassee State College Bylaws and Policies

Criminal Background and qualification a of Contractors

6320 - BACKGROUND SCREENINGS for Contractors and Vendors

Background Screening Requirements: The College requires that Level 2 background screening requirements be completed for all contractors and vendors who:

Are permitted access on school grounds when minor students are present:

Who have direct contact with minor students, even if the performance of the contract is not anticipated to result in direct contact with minor students; or, Who have access to or control of College funds.

Revised 3/18/24

Revised 9/16/24

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PRODUCT APPROVAL SPECIFICATION SHEET

As per Florida Building Code 104.3.1.1, the following data or documents (if applicable) must be included with this permit application.

PRODUCT APPROVAL INFORMATION MUST BE SUBMITTED BEFORE A PERMIT WILL BE ISSUED.

Location: _____ Project Name: _____

As required by Florida Statute 553.842 and Florida Administrative Code 9B-72, please provide the information and the product approval number(s) on the building components listed below if they will be utilized on the construction project for which you are applying for a building permit on or after April 1, 2004. We recommend you contact your local product supplier should you not know the product approval number for any of the applicable listed products. More information about state-wide product approval can be obtained at www.floridabuilding.org.

Category/Sub-Category	Manufacturer	Product Description	Approval Number(s)
A. EXTERIOR DOORS			
1. Swinging			
2. Sliding			
3. Sectional			
4. Roll-Up			
5. Automatic			
6. Other			
B. WINDOWS			
1. Single hung			
2. Horizontal Slider			
3. Casement			
4. Double Hung			
5. Fixed			
6. Awning			
7. Pass-through			
8. Projected			
9. Mullion			
10. Wind Breaker			
11. Dual Action			
12. Other			
C. PANEL WALL			
1. Sliding			
2. Soffits			
3. EIFS			
4. Storefronts			
5. Curtain walls			
6. Wall louver			
7. Glass block			
8. Membrane			
9. Greenhouse			
10. Other			
D. ROOFING PRODUCTS			
1. Asphalt Shingles			
2. Underlayments			
3. Roofing Fasteners			
4. Non-Structural Metal Rf			
5. Built-Up Roofing			
6. Modified Bitumen			
7. Single Ply Roofing Sys			
8. Roofing Tiles			
9. Roofing Insulation			
10. Waterproofing			
11. Wood shingles/shakes			
12. Roofing Slate			
13. Liquid Applied Roof Sys			
14. Cements-Adhesives-Coatings			

D. ROOFING PRODUCTS (cont.)	Manufacturer	Product Description	Approval Number(s)
15. Roof Tile Adhesive			
16. Spray Applied Polyurethane Roof			
17. Other			
E. SHUTTERS			
1. Accordion			
2. Bahama			
3. Storm Panels			
4. Colonial			
5. Roll-up			
6. Equipment			
7. Others			
F. SKYLIGHTS			
1. Skylight			
2. Other			
G. STRUCTURAL COMPONENTS			
1. Wood Connector/Anchor			
2. Truss Plates			
3. Engineered Lumber			
4. Railing			
5. Coolers-Freezers			
6. Concrete Admixtures			
7. Material			
8. Insulation Forms			
9. Plastics			
10. Deck-Roof			
11. Wall			
12. Sheds			
13. Other			
H. NEW EXTERIOR ENVELOPE PRODUCTS			
1.			
2.			

The products listed below did not demonstrate product approval at plan review. I understand that at the time of inspection of these products, the following information must be available to the inspector on the jobsite: 1) copy of the product approval, 2) the performance characteristics which the product was tested and certified to comply with, 3) copy of the applicable manufacturers' installation requirements.

I understand these products may have to be removed if approval cannot be demonstrated during inspection.

Products which did not demonstrate product approval: _____

 Contractor or Contractor's Authorized Agent Signature

 Print Name

 Date