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| FSU Color_Seal_125x125 | *Department of Environmental Health & Safety*  Building Code Administration  124 Mendenhall Building “A” Phone: 850-644-7686  Tallahassee, Florida 32306-4154 Fax: 850-644-4238  Web: [www.safety.fsu.edu](http://www.safety.fsu.edu) E-Mail: Buildingcode@admin.fsu.edu |

**PROJECT AUTHORIZATION FORM**

**Instructions:**  *Project Manager complete and submit this form with documents for permitting review*.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Action Requested: | | | Preliminary Review | | | | | | | Final Permit Review | | | | | | | | | 100% | | | | | Re-Review | |
| Submittal Contents: | Construction Documents | | | | | | | | | | Specs | | | | | | | | | | | | | | |
| Dwgs | | | | | | | | | | Signed/Sealed | | | | | | | Other | | | |  | | | |
| Work Request No. | | |  | | | | | | Project No. | | | |  | | | | | | | Budget No. | | | | |  |
| Est. $ Value of Construction: | | | | | | |  | | | | | | | Fees Paid By: | | | | | |  | | | | | |
| Project Name: | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Project Location (e.g. Main Campus) and Address: | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Work: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| FBC Class of Work | | | New | | | | | Repair | | Alteration | | | | | | | Addition | | | | Demolition | | | | |
| Architect/Engineer Name: | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Contact Name: | | |  | | | | | | | Phone: | | | | |  | | | | | E-Mail: | | |  | | |
| Contractor Name: | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Estimated Start Date: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Other Comments: | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| FSU Project Manager | | | |  | | | | | | | | | | | | Department: | | | |  | | | | | |
| Phone: | | |  | | | | | | | | | | | | | E-Mail: | | | |  | | | | | |
| Signature: | | |  | | | | | | | | | | | | | Date: | | | |  | | | | | |