



# DAYTONA STATE COLLEGE

## Building Permit Application

Date: _____	Campus: _____
Building: _____	Room/Area: _____
Submitted By: _____	
License Number: _____ (attach copy)	
Insurance (if applicable) <input type="checkbox"/>	Bond (if applicable) <input type="checkbox"/>
General Description of Work: (attach plans, specs, or additional pages as needed) _____	
_____	
_____	
_____	
_____	
Estimated Value: _____	Design By: _____
_____	
Signature	

Review/Comments: _____
_____
_____
_____
_____

Plans Reviewed By: _____	
Approved By: _____	
Permit Number: _____	Date Issued: _____

For Inspections, please complete a Daytona State College Inspection Request and submit to the Facilities Planning Department at **FacilitiesPlanning@DaytonaState.edu**  
Please give at least 24 hours notice to avoid delay of work performed.  
For questions, contact the Facilities Planning Department at (386)506-4322

If this application contains any online content and/or online documents, the applicant must provide the compliant documents, content, apps, etc. following Title II of the Americans with Disabilities Act (ADA) and meet or exceed the Web Content Accessibility Guidelines (WCAG) Version 2.1, Level AA technical standard.