

**Business Affairs**  
Division of Environmental Health & Safety  
Facility/Fire Safety and Building Codes Enforcement

Building 179  
PO Box 112200  
Gainesville, FL 32611-2200  
352-392-1591  
352-392-3647 Fax  
www.ehs.ufl.edu

## TEMPORARY BUILDING PERMIT APPLICATION

**Applicant:**

Name of Department: \_\_\_\_\_

Department Street Address: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Temporary Building Erector Company Name: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Erection Date: \_\_\_\_\_ Date of Event: \_\_\_\_\_ Removal Date: \_\_\_\_\_

Special Events Form Completed & Approved:  Yes  No

Authorized Signature: \_\_\_\_\_

**Project:**

Temporary Building Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

Building Square Footage: \_\_\_\_\_

Occupant Load: (Use 15 s.f./person if tables & chairs provided; 7 s.f./person standing only) \_\_\_\_\_

Building Open on all sides:  Yes  No

If enclosed are Exit Signs Provided  Yes  No

Any Open Flame Devices (including candles and food warmers)  Yes  No

Structure is Flame Retardant:  Yes  No

Will a portable generator be used on-site?  Yes  No

Minimum "2-A:10B:C" (5#) Extinguishers Provided:  Yes  No

Is extinguisher tag current & inspected by a Florida Fire Equipment Dealer:  Yes  No