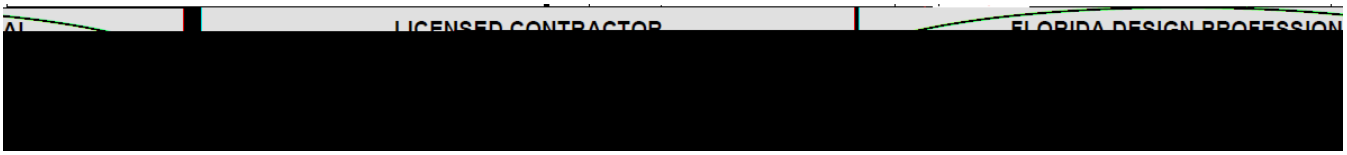
Copy of State of Florida Contractoriís
indicating proof of workersi compensation insurance and general liability
Contractoriís (s) name, phone number and e-mail address
Notarized form (Not required if license holder signs permit application)

The permit application form is available for download on the òCode Enforcementó department page on the DCPS website (www.duvalschools.org.)
___ contact the Building Permit Technician, Ms. Wendy Helms at (904) 390-2165.
Complete ____ relevant information on the permit application form.
If a licensed produced design documents for the project, their information is required.



Do _____ enter anything in upper right hand boxes marked

Typed

Submit permit application in format.
to the Building Permit Technician, Ms. Wendy Helms (helmsg@duvalschools.org).
___ deliver to the DCPS Code Enforcement office at 1701 Prudential Drive, Room 513.

Format for the e-mail _____:

- x
- x _____ 3218062615.01E - San Mateo ES (Kitchen remodel) - Electrical Slab Rough-in
- x Abbreviations (elementary school), (middle school), and (high school) may be used.
- x Do ___ use symbols such as #, /, +, =, &, ?, *, % and the comma symbol in the subject line

The _____ shall be more descriptive indicating a description of the project/work and the exact location of the work, such as 2nd Floor in Wing B. A contact name and phone number of the person familiar with the project that can meet the Inspector shall be provided.