



School District of  
Indian River County

"A CommUNITY Partnership Toward Educational Excellence"

**RELOCATABLE CLASSROOM PERMIT**  
**APPLICATION**

\_\_\_\_\_  
Company Phone

\_\_\_\_\_  
Project Manager License Number

Facility/School \_\_\_\_\_ Date \_\_\_\_\_

Proposed Work  New  Relocating  Demolition  Site  
 Utilities  Renovation/Remodel

Construction Type  FISH# \_\_\_\_\_ if available

Occupancy Classification  Office  Classroom  Other

**PLEASE SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION**

3 Complete sets of project drawings/specifications: Signed and sealed by the  
A/E

List Sub Contractors	License #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Signature