



CITY OF ORLANDO

Electrical Permit Application

Date: _____ Related Building Permit # (if applicable): _____

Job Site Address, Parcel ID # or Legal Description: _____

Owner Name, Address, Phone: _____

Contractor Name¹, Address: _____ Lic #: _____

Contractor Company Name¹, Address: _____

¹ Current license and insurance information must be registered with Permitting Services or provided with this application.

Primary Contact: _____ Job/Project Name: _____

For Contractor and Primary Contact, do we have current Phone #, FAX # and email address?

If not please enter: Phone: _____ Fax: _____ email: _____

Work Description: _____

Electric Utility: _____

GENERAL

Type of Work (subtype—select one): _____

Rewiring one or more rooms, or opening walls requires compliance with current code for the affected location(s).

Plan Review Type: _____ Related to Code Enforcement Action? _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost.

Estimated Construction Cost: \$ _____

Note: If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. A Notice of Commencement is not required for Temporary Service/Pole. FS 713.135(d).

SERVICE TYPE

Phase	# of Amps	Description	# of Meters
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Multiple meters require address assignment for each meter. Indicate additional meter addresses in the work description above. New addresses or an increase in # of meters will be subject to Engineering/Zoning review for allowable number of residential units.

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances regulating the installation of electrical wiring, fixtures, apparatus and equipment.

Owner/ Contractor/Agent _____ Date _____

Print Name _____

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444.



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NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.

OWNER _____ Date _____

Print Name _____ (Owner)

(Owner)

STATE OF FLORIDA

COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by _____, known to me to be the person described in and who executed the foregoing.

He/she is personally known to me or has produced _____ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____, 201__.

Notary Public Signature

Print Name:

My Commission Expires:

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at <http://www.cityoforlando.net/permits>.

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ECONOMIC DEVELOPMENT DEPARTMENT • PERMITTING SERVICES DIVISION

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PHONE 407.246.2271 • FAX 407.246.3420 • <http://www.cityoforlando.net/permits>