



CITY OF ORLANDO

Plumbing / Gas 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: _____
¹Current 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 NO enter: Phone #: _____ FAX #: _____ email: _____

Work Description:

GENERAL

Type of Work (subtype--select one):

Plan Review Type: _____ Related to Code Enforcement Action? _____
 Irrigation Source: _____ Locate Lateral for Plumber? _____
 # New Sewer Connections: _____ # Plumbing Fixtures: _____ Water Service? _____

Note: *Owner's furnished equipment and materials must be included in Contractor's Permit Fees.*

Estimated Contract 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 in the Office of Permitting Services prior to scheduling your first inspection. FS 713.135(d).

GAS INFORMATION

Type of Gas: Natural LP Medical³ # of Gas Outlets: _____

³Please indicate State Certification Number in work description above.

FIXTURES

Qty		Qty		Qty
	Bathtub		Floor Sink	
	Bidet		Grill – Gas	
	Cooking Range – Gas		Hub Drain	
	Dental Unit		Interceptor	
	Dishwasher		Lavatory	
	Disposal		Roof Drain	
	Drinking Fountain		Room Heater – Gas	
	Dryer -- Gas		Shower Stall	
	Fireplace – Gas		Sink – Commercial	
	Floor Drain		Sink – Kitchen	
			Sink – Mop 3" Drain	
			Sink – Service P Trap	
			Special Fixture	
			Special Fixture – Gas	
			Unit Heater – Gas	
			Urinal	
			Washing Machine	
			Water Closet	
			Water Heater – Electric	
			Water Heater – Gas	

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 gas and plumbing work.

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.



CITY OF ORLANDO

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

CITY HALL • 400 SOUTH ORANGE AVENUE • FIRST FLOOR • P.O.Box 4990 • ORLANDO, FLORIDA 32802-4990

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