



CITY OF ORLANDO

Building Permit Application

Date: _____

Job Site Address or Parcel ID #: _____

Job/Project Name: _____

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Fee Simple Titleholder's Name (if other than owner): _____

Fee Simple Titleholder's Address (if other than owner): _____

Contractor Name: _____ Lic # _____

Contractor Address: _____

Contractor Company Name: _____

Contractor Company Address: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Primary Contact Fax: _____

Primary Contact email: _____

Bonding Company: _____

Bonding Company Address: _____

Architect/Engineer's Name: _____

Architect/Engineer's Address: _____

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____

Work Description: _____

GENERAL

Type of Work (subtype—select one):

- | | | | | | |
|---|--|---|--|-------------------------------|--|
| <input type="checkbox"/> Accessory Structure | <input type="checkbox"/> Repair/Replace ¹ | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration ¹ | <input type="checkbox"/> New | <input type="checkbox"/> Change of Use |
| <input type="checkbox"/> Dumpster Enclosure/Pad | <input type="checkbox"/> Fence | <input type="checkbox"/> Foundation Only | <input type="checkbox"/> Roof ² | <input type="checkbox"/> Sign | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Solar | <input type="checkbox"/> LEED(<input type="checkbox"/> certified | <input type="checkbox"/> silver | <input type="checkbox"/> gold | <input type="checkbox"/> platinum) |

Plan Review Type: Commercial Residential 1 or 2 units Residential 3 or more units

Related to Code Enforcement Action? (Y/N) _____ **Estimated Construction Cost: \$** _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$2,500 a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection.

¹Requires separate scope of work. ²Requires Re-roofing Supplement form.



CITY OF ORLANDO

SUBCONTRACTORS

Company Name	State of Florida License # Reg/Cert	Card Holders Name
Elect. _____	_____	_____
Mech. _____	_____	_____
Plumb. _____	_____	_____
Gas. _____	_____	_____

SIGN

Building Frontage (Ft): _____ Primary _____ Secondary _____ Third _____ Fourth

Sign Type ³	Electric? (Y/N)	Test Lab #	Sign Area (SqFt)	Existing or Proposed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

³Awning, Billboard, Construction, Ground/Pole, Marquee, Menu, Monument, Other, Political Campaign, Projecting, Real Estate, Trailer, Wall, Window (identify existing and proposed signs)

SWIMMING POOL

Deck Area (SqFt): _____ Fenced? (Y/N) _____ Screened? (Y/N) _____ Overhead Power Distance (Ft): _____

TENT⁴

Length (Ft): _____ Width (Ft): _____ Area (SqFt): _____ In Use From: _____ To: _____ # of Tents: _____

⁴Flame Retardant Certificate Required

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Orlando. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.



CITY OF ORLANDO

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

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:

CONTRACTOR _____ Date _____

Print Name _____ (Contractor)

(Contractor)

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:

CERTIFICATE OF COMPETENCY HOLDER

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

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>.

Rev 02/2010