



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: _____

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? _____

Work Description: _____

Electric Utility: Orlando Utilities Commission Progress Energy

GENERAL

SOLAR

Type of Work (subtype—select one):

- Addition Alteration Change of Service Low Voltage New Repair² Safety Check
- Swimming Pool Temporary Service/Pole Only (may be included in New—Residential 1 or 2 units)

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

²For restoring existing equipment and materials with new equipment and materials in the same location.

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 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 ³	# of Amps	Description ⁴	# of Meters ⁵
_____	_____	_____	_____
_____	_____	_____	_____

³Single, Three ⁴New Service, Temporary Service/Pole

⁵Multiple 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 or visit online at <http://www.cityoforlando.net/permits>.

Rev 02/2010



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>.

Rev 01/2010

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>