



# CITY OF ORLANDO

## Fire Permit Application

Date: \_\_\_\_\_ Related Building Permit # (if applicable): \_\_\_\_\_

Job Site Address, Parcel ID # or Legal Description: \_\_\_\_\_

Owner Name, Address, Phone: \_\_\_\_\_

Contractor Name<sup>1</sup>, Address: \_\_\_\_\_ Lic #: \_\_\_\_\_

Contractor Company Name<sup>1</sup>, Address: \_\_\_\_\_

<sup>1</sup>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? \_\_\_\_\_

Check this box if small job (10 components or less on existing system)

Work Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### GENERAL

Type of Work (subtype—select one):

- Fire Alarm  Fire Suppression  Tank Installation  Tank Removal  Other (specify in work description above)

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. FS 713.135(d).

### FIRE SUPPRESSION

Fire Suppression Type:  Clean Agents  CO<sub>2</sub>  Dry/Wet Chemical  Sprinkler/Standpipe  Underground Main  N/A

# of Hydrants: \_\_\_\_\_ # of Pumps: \_\_\_\_\_

### TANKS

Flammable Liquid Storage Tanks Aboveground Qty: \_\_\_\_\_ Underground Qty: \_\_\_\_\_  
Compressed Gas Tanks Aboveground Qty: \_\_\_\_\_ Underground Qty: \_\_\_\_\_

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 and State Statutes regulating the use and construction of structures and the work described; and that I am the owner or authorized to act as the owner's agent for the work described.

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 07/2007



# CITY OF ORLANDO

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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:

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### 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.

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Rev 01/2010

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**ECONOMIC DEVELOPMENT DEPARTMENT • PERMITTING SERVICES DIVISION**

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