



# 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 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? \_\_\_\_\_

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

### GENERAL

SOLAR

Type of Work (subtype—select one):  Addition  Alteration  Gas Piping  Irrigation<sup>2</sup>  New Structure  
 Repair/Replace  Sewer Connection  Accessory Structure  Abandon Grease Traps / Interceptor

<sup>2</sup>Backflow prevention device is required for Irrigation.

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

Irrigation Source:  City  Not Applicable  Reclaimed  Well  Lake

# New Sewer Connections: \_\_\_\_\_ # Plumbing Fixtures: \_\_\_\_\_ Water Service?

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

### GAS INFORMATION

Type of Gas:  Natural  LP  Medical<sup>3</sup> # of Gas Outlets: \_\_\_\_\_

<sup>3</sup>Please indicate State Certification Number in work description above.

### FIXTURES

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

48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

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 \_\_\_\_\_

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:

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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.

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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