

Orange County Division of Building Safety

201 South Rosalind Avenue
Post Office Box 2687 • Orlando, Florida 32802-2

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687 Date **Phone:** 407-836-5550 • **Fax** 407-836-5492 • **Inspections ONLY:** 407-836-2825

www.ocfl.net/building Building Permit Number

APPLICATION FOR BUILDING/LAND USE PERMIT*

* All Applications Must Comply with Concurrency Requirements

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 RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT: The undersigned hereby a	applies for a permit to make	building improvements as in	dicated below on property.		
Project Address:					
Suite/Unit #:	Bldg #:	City:	Zip Code:		
Subdivision Name:					
Parcel ID Number: Section (15 Digit Parcel Number)	n Township Rar	nge Subdivision	Block Lot		
Owner Name:		Phone No.: (
Owner Address:		City:	State: Zip Code):	
Tenant Name:		Phone No.: (
Nature of Business:			·		
Architect Name:		License No.:	Phone No.: ()		
Civil Engineer Name:		License No.:	Phone No.: ()	-	
Nature of Proposed Improvements:					
Demolition Permit #:	Site	Work Permit #:			
PfcdYflmicb [·] ☐ SYk Yf [·] o	r 🗌 Septic				
Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.					
If there were comments or Pick them up Is proposed work in responsed work in response Is building fire sprinklered? Required work: Plumbing Alterations Only: Is this a new tenant? Intended use of space:	nse to an unsafe abatemenew?	ou like to receive them? cess Web Page) clation written by an Orange Cout notice? Commercial Plans Examiner(al Gas Roofing None tate previous use:	s):		
Rear:	Side:	Below:	· · · · · · · · · · · · · · · · · · ·		
		ī	otal Job Valuation: \$		
County Ordinances regulating s	same and in accordance with plan	me is granted I agree to conform to a submitted. The issuance of this perdinances. I hereby certify that the a	rmit does not grant permission to vi	iolate any	
PLEASE PRINT: (C	Check one) Owner:	Contractor:			
Name of License Holder/Agent:					
Contractor License Number (if applicable):					
Contact Phone Number: () E-Mail Address:					
,,					

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Authorized Signature:

Permit Number_

Permit Application Information - Page Two

Owner's Name		
Owner'sAddress		
Fee Simple Titleholder's Name (If other than owner's)		
Fee Simple Titleholder's Address (If other than owner's)		
City State		
Contractor's Name		
Contractor's Address		
City State		
Job Name		
Job Address		
City State		
Bonding Company Name		
Bonding Company Address		
City State		
Architect/Engineer's Name		
Architect/Engineer's Address		
Mortgage Lender's Name		
Mortgage Lender's Address		
commenced prior to the issuance of a permit and that all work will be	nd installations as indicated. I certify that no work or installation have performed to meet the standards of all laws regulating construction in ured for ELECTRICAL, PLUMBING, GAS, MECHANICAL, ROOFING	
OWNER'S AFFIDAVIT: I certify that all the foregoing information is a laws regulating construction and zoning.	accurate and that all work will be done in compliance with all applicable	
	ice of Commencement may result in your paying twice nencement must be recorded and posted on the job site noing, consult with your lender or an attorney before	
Owner Signature	Contractor Signature	
The foregoing instrument was acknowledged before me this / /	The foregoing instrument was acknowledged before me this //	
by who is personally known to me	by who is personally known to me	
and who produced	and who produced	
as identification and who did not take an oath.	as identification and who did not take an oath.	
Notary as to Owner	Notary as to Contractor	
Commission No.	Commission No.	
State of FL. County of	State of FL. County of	
My Commission expires:	My Commission expires:	
(SEAL)	(SEAL)	

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