



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):

- Accessory Structure Repair/Replace¹ Addition Alteration¹ New Change of Use
 Dumpster Enclosure/Pad Fence Foundation Only Roof² Sign Swimming Pool Tent

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

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.



CITY OF ORLANDO

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 _____, 200__.

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 _____, 200__.

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 09/2007