

# BUILDING PERMIT APPLICATION

Submit application to [digitalpermits@cityoforlando.net](mailto:digitalpermits@cityoforlando.net)

For efficient processing, please reference "New Permit" in the Subject Line



Date: \_\_\_\_\_

**\*Required Fields**

\*Job Site Address or Parcel ID #: \_\_\_\_\_

\*Digital Applicant/Primary Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Job/Project Name: \_\_\_\_\_

\*Property Owner Name: \_\_\_\_\_

\*Property Owner Email: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Architect/Engineer's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\*Phone: \_\_\_\_\_

Bonding Company Name & Address: \_\_\_\_\_

Fee Simple Titleholder's Name & Address (if other than owner): \_\_\_\_\_

Mortgage Lender's Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be removing any trees on the property? Yes No

If yes, a [tree removal permit](#) is required. Have you already applied for one? Yes No

PROPERTY  
CONTRACTOR  
PROFESSIONALS  
WORK DESCRIPTION  
TREES

\*WORK TYPE

(SUBTYPE - SELECT ONE):

- New
- Addition
- Alteration<sup>1</sup>
- Site Work
- Fence
- Roof<sup>2</sup>
- Accessory Structure
- Tent
- Repair/Replace<sup>1</sup>
- Sign
- Billboard
- Change of Use
- Swimming Pool
- Solar
- Foundation Only
- Dumpster Enclosure/Pad
- LEED:  Certified
- Silver
- Gold
- Platinum

<sup>1</sup>Requires separate scope of work <sup>2</sup>Requires Re-roofing Information form

\*Total Sq. Ft of Tenant Space: \_\_\_\_\_ \*Estimated Construction Cost: \$ \_\_\_\_\_  
Note: Owner furnished equipment and materials must be included in Estimated Construction Cost.

Related to Code Enforcement Action?  Yes  No

\*Plan Review Type:  Commercial  Residential<sup>1</sup> (single family)  Residential 2 (duplex)

Residential 3 or more units <sup>a</sup>  Detached Structure (ex: garage/apt, etc) Please explain in work description.

SUBCONTRACTORS

Company Name	State of Florida License # Reg/Cert	Card Holders Name
Elect. _____	_____	_____
Mech. _____	_____	_____
Plumb. _____	_____	_____
Gas. _____	_____	_____
Fire. _____	_____	_____

SIGN

(PLEASE FILL OUT THIS SECTION FOR SIGN PERMITS ONLY)

Building Frontage (Ft):	Primary	Secondary	Third	Fourth
Sign Type <sup>3</sup>	Electric? (Y/N)	Test Lab #	Sign Area (SqFt)	Existing or Proposed?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>3</sup>Awning, Billboard, Construction, Ground/Pole, Marquee, Menu, Monument, Other, Political Campaign, Projecting, Real Estate, Trailer, Wall, Window (identify existing and proposed signs)

POOLS  
TENT<sup>4</sup>

Deck Area (SqFt): \_\_\_\_\_ Fenced? (Y/N) \_\_\_\_\_ Screened? (Y/N) \_\_\_\_\_ Overhead Power Distance (Ft): \_\_\_\_\_

Length (Ft): \_\_\_\_\_ Width (Ft): \_\_\_\_\_ Area (SqFt): \_\_\_\_\_ In Use From: \_\_\_\_\_ To: # of Tents: \_\_\_\_\_

<sup>4</sup>Flame Retardant Certificate Required

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Orlando. I understand that a separate permit must be secured for MECHANICAL, ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.



## WARNING TO OWNER

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. 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.

If you are not the owner of the property being permitted, you must, by law (FS 713.135 (c)) promise to inform the fee simple titleholder that the property in question is being subjected to possible liens and/or attachment.

Property Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Permit #: \_\_\_\_\_ (if applicable)

\*Property Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ (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: \_\_\_\_\_

\*Contractor Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ (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 \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
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, visit online at [cityoforlando.net/permits](http://cityoforlando.net/permits) or please call "PROMPT", our Interactive Voice Response system at 407.246.4444.

