

BUILDING PERMIT APPLICATION

Submit application to 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: _____

PROPERTY
CONTRACTOR
PROFESSIONALS
WORK DESCRIPTION

*WORK TYPE

(SUBTYPE - SELECT ONE):

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

¹Requires separate scope of work ²Requires 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 (1/2) Select: ☐ Single-family Duplex

☐ Residential 3 or more units ^a ☐ 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 ³	Electric? (Y/N)	Test Lab #	Sign Area (SqFt)	Existing or Proposed?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

POOLS
TENT⁴

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: _____

⁴Flame 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)

*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 or please call "PROMPT", our Interactive Voice Response system at 407.246.4444.

