

Plumbing Permit Application

*For digital plans review, please email this application to digitalpermits@orlando.gov

Projects utilizing Private Provider require submittal and application via our Private Provider application service page.

*Date:	ate: Related Building Permit # (if applicable):							
*Job Site Address, Par	cel ID # or Legal	Description:						
Job/Project Name:								
Owner Name, Address	:							
*Contractor Name ¹ :		Lic#:						
*Contractor Company	Name ¹ , Address:							
Current license and insurar	nce information mus	st be registered with Pern	nitting Services or pro	ovided with this ap	oplication.			
*Digital Plans Applicar	it Name:							
		Phone:						
*Work Description:								
		*GENER	AL					
								
Type of Work (subtype	- select one):	Addition Alte	ration Irrigat	ion ² Sola	ır			
New Structure	Repair/I	Replace Sewer	Connection	Accessory Stru	cture			
	- /	2D 1.0						
Abandon Grease	Traps/Intercept	or Backflow	prevention device is	required for Irrigat	tion.			
*Plan Review Type:	Commercial	Residen	tial 1 or 2 Unit	Residential	3 or More Units			
Irrigation Source:	City	Not Applicable	Reclaimed	Well	Lake			
# New Sewer Connecti	ons:#	Plumbing Fixtures:	Water	Service?				
Related to Code Enfor	cement Action?	(Y/N) *Fe	stimated Constru	ction Cost· \$				
Sq. Ft:		,,	dea constitu					

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).

FIXTURES

	Qty	Qty		Qt
Bathtub	Hub Drain		Sink - Mop 3" Drain	
Bidet	Interceptor		Sink - Service P Trap	
Dental Unit	Lavatory		Special Fixture	
Dishwasher	Roof Drain		Urinal	
Disposal	Shower Stall		Washing Machine	
Drinking Fountain	Sink - Comme	rcial	Water Closet	
Floor Drain	Sink - Kitchen		Water Heater - Electric	
Floor Sink			Water Heater - Solar	
I hereby acknowledge th	g call SUNSHINE 1.800.432. nat I have read this application	on and state that th	e above information is	
Owner/Contractor/Age	ent:	Da	te:	
	D OWNER SIGNATURE REC			
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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 orlando.gov/permits.