

Electrical 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. Related Building Permit # (if applicable): Job Site Address, Parcel ID # or Legal Description: Owner Name, Address, Phone: *Digital Plans Applicant Name: ______ *Company: _____ _____ License #: ___ Contractor Name¹: _____ Contractor Company Name¹, Address: 1Current license and insurance information must be registered with Permitting Services or provided with this application. Job/Project Name: _____ Primary Contact: For Contractor and Primary Contact, do we have current Phone #, FAX # and email address?_____ *Work Description: Orlando Utilities Commission **Electric Utility**: **Duke Energy** ***** If power is required to be released, please complete the service type section below: **SERVICE TYPE** Phase³ Description⁴ # of Amps # of Meters⁵ ³Single ⁴New Service, Temporary Service/Pole ⁵Multiple meters require address assignment for each meter. Indicate additional meter addresses in the work description above. New addresses or an increase in # of meters will be subject to Engineering/Zoning review for allowable number of residential units. **GENERAL** Type of Work (subtype—select one): Repair² Addition Alteration Change of Service Solar New Low Voltage (security alarm systems also require the Low Voltage Security Alarm Form) Swimming Pool Temporary Service/Pole Only(may be included in New - Residential 1 or 2 Units Safety Check

ECONOMIC DEVELOPMENT • PERMITTING SERVICES
400 South Orange Avenue • First Floor PO Box 4990 • Orlando, FL 32802-4990 P
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Rewiring one or more rooms, or opening walls requires compliance with current code for the affected location(s).

²For restoring existing equipment and materials with new equipment and materials in the same location.

	<u>F</u>	<u>IXTURES</u>		
Quantity of receptacles	— Quantity of light f	ixtures	Quantity of light	switches
Quantity of phone outlets	Quantity of data o	outlets	Quantity of TV or	utlets
Plan Review Type:	Commercial	Reside	ntial 1 or 2 units	Residential 3 or more units
Related to Code Enforcement A	ction? (Y/N)	Estimated	Construction Cost: \$	
Note: Owner furnished equipme estimated cost of this job is great the recorded Notice of Commen inspection. A Notice of Commer	ater than \$5,000 and cement must be filed	not related to with Permitti	a Building Permit, a ong Services prior to so	certified copy of cheduling your first
I hereby acknowledge that I have agree to conform to all City Ordi equipment.	- 			
Owner/ Contractor / Agent Signature:			Date:	
Print Name:			<u> </u>	
	al" inspections. All Res	sidential projens". REQUIRED O	cts must be schedule	ed
Owner Signature:				
Print Name:		_(Owner)	Date:	
(Owner)				
STATE OF FLORIDA COUNTY OF				
SWORN to and subscribed freel	, known to me to b	e the person	described in and who	executed
the foregoing. He/she is person (type of identification) as identification with WITNESS my hand and official s, 202	ication.			
Notary Public Signature	_			
Print Name:				
My Commission Ends:				

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.