

Fire Permit Application

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

***Required Field**

Date: _____ Related Building Permit # (if applicable): _____

*Job Site Address, Parcel ID # and Legal Description: _____

Owner Name, Address: _____ Phone: _____

*Contractor Name¹: _____ Lic #: _____

*Contractor Company Name¹, Address: _____

¹Current license and insurance information must be registered with Permitting Services or provided with this application. _____

*Digital Plans Applicant Name: _____ *Phone: _____

*Email: _____

Check this box if small job (10 components or less on existing system)

*Work Description: _____

*Type of work (subtype - select one):

GENERAL

Fire Alarm	Fire Suppression	Tank Removal	Tank Installation	Other (specify in description above)
DAS/BDA	Fire Alarm 20 or less		Sq. Ft. of Property: _____	

Estimated construction costs: \$ _____

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 with Permitting Services prior to scheduling your first inspection. FS 713.135(d).

FIRE SUPPRESSION

Fire Suppression Type:

Clean Agents	Dry/Wet Chemical	Sprinkler/Standpipe	Underground Main
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N/A

of Hydrants: _____ # of Pumps: _____ # of Sprinklers: _____

TANKS

Flammable Liquid Storage Tanks	Aboveground Qty: _____	Underground Qty: _____
Compressed Gas Tanks	Aboveground Qty: _____	Underground Qty: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances and State Statutes regulating the use and construction of structures and the work described; and that I am the owner or authorized to act as the owner's agent for the work described.

Owner/Contractor/Agent Signature: _____ Date: _____

Print Name: _____

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.

NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.

Owner Signature: _____ 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 _____, 202__.

Notary Public Signature: _____

Print Name: _____

My Commission Expires: _____

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.

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