

# Plumbing/Gas Permit Application

\*For digital plans review, please email this application to [digitalpermits@orlando.gov](mailto:digitalpermits@orlando.gov)

Projects utilizing Private Provider require submittal and application via our [Private Provider application service page](#).

Date: \_\_\_\_\_ Related Building Permit # (if applicable): \_\_\_\_\_

Job Site Address, Parcel ID # or Legal Description: \_\_\_\_\_

Owner Name, Address, Phone: \_\_\_\_\_

Contractor Name<sup>1</sup>, Address: \_\_\_\_\_ Lic#: \_\_\_\_\_

Contractor Company Name<sup>1</sup>, Address: \_\_\_\_\_

<sup>1</sup>Current license and insurance information must be registered with Permitting Services or provided with this application.

Digital Plans Applicant Name: \_\_\_\_\_ Company: \_\_\_\_\_

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

Primary Contact: \_\_\_\_\_ Job/Project Name: \_\_\_\_\_

For Contractor and Primary Contact, do we have current Phone #, FAX # and email address? \_\_\_\_\_

Work Description: \_\_\_\_\_

## GENERAL

Type of Work (subtype - select one):    Addition            Alteration            Gas Piping            Irrigation<sup>2</sup>

New Structure            Solar            Repair/Replace            Sewer Connection            Accessory Structure

Abandon Grease Traps/Interceptor

<sup>2</sup>Backflow prevention device is required for Irrigation.

Plan Review Type:            Commercial                            Residential 1 or 2 Unit                            Residential 3 or More Units

Irrigation Source:            City                            Not Applicable                            Reclaimed                            Well                            Lake

# New Sewer Connections: \_\_\_\_\_ # Plumbing Fixtures: \_\_\_\_\_ Water Service? \_\_\_\_\_

Related to Code Enforcement Action? (Y/N) \_\_\_\_\_ Estimated Construction Cost: \$ \_\_\_\_\_

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).

## GAS INFORMATION

Type of Gas:            Natural                            LP                            Medical<sup>3</sup> (indicate State Certification # in work description above)

# of Gas Outlets: \_\_\_\_\_

**FIXTURES**

	Qty		Qty		Qty
Bathtub	_____	Floor Sink	_____	Sink - Mop 3" Drain	_____
Bidet	_____	Grill - Gas	_____	Sink - Service P Trap	_____
Cooking Range - Gas	_____	Hub Drain	_____	Special Fixture	_____
Dental Unit	_____	Interceptor	_____	Special Fixture - Gas	_____
Dishwasher	_____	Lavatory	_____	Unit Heater - Gas	_____
Disposal	_____	Roof Drain	_____	Urinal	_____
Drinking Fountain	_____	Room Heater - Gas	_____	Washing Machine	_____
Dryer - Gas	_____	Shower Stall	_____	Water Closet	_____
Fireplace - Gas	_____	Sink - Commercial	_____	Water Heater - Electric	_____
Floor Drain	_____	Sink - Kitchen	_____	Water Heater - Gas	_____

**48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.**

**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 regulating gas and plumbing work.**

**Owner/Contractor/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

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

**Owner:** \_\_\_\_\_ **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.

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](http://orlando.gov/permits).