

FIXTURES

	Qty		Qty		Qty
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 - Commercial	_____	Water Closet	_____
Floor Drain	_____	Sink - Kitchen	_____	Water Heater - Electric	_____
Floor Sink	_____			Water Heater - Solar	_____

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 _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this ____ day of _____, 202 , by _____ as _____, _____, a Florida _____, on behalf of the company, who is personally known to me or has produced _____ as identification.

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.