



# CITY OF ORLANDO

## Low Voltage Security Alarm Application

Date: \_\_\_\_\_

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.

Primary Contact: \_\_\_\_\_ License Number: \_\_\_\_\_

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

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

### GENERAL

Type of Work :

Low Voltage Security Alarm

Quantity: \_\_\_\_\_

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 the installation of electrical wiring, fixtures, apparatus and equipment.

Contractor/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public Signature

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

My Commission Expires: \_\_\_\_\_

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 <http://www.cityoforlando.net/permits>.