

# Fire Permit Application

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\*Email this application to [digitalpermits@orlando.gov](mailto:digitalpermits@orlando.gov)

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

Related building permit # (If applicable): \_\_\_\_\_

Job site address/Parcel ID #: \_\_\_\_\_

Project name: \_\_\_\_\_

Owner name: \_\_\_\_\_ Address: \_\_\_\_\_

Contractor name: \_\_\_\_\_ Lic #: \_\_\_\_\_

Contractor company name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Must be registered as a contractor with Permitting Services*

Digital plans applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Work description: \_\_\_\_\_

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### Work Type

**Fire Suppression:**

Clean Agents                                      Underground Main                                      Wet/Dry Chemical

New Sprinkler/Standpipe                                      Alteration Sprinkler/Standpipe

# of hydrants: \_\_\_\_\_ # of pumps: \_\_\_\_\_

Will you be utilizing Simplified Permitting FS 553.7932?                                      Yes                                      No

**Fire Alarm:**

*\*All Fire Alarm and DAS/BDA applications require an Electrical Permit Application*

DAS/BDA                                      Fire Alarm New                                      Fire Alarm Alteration

Will you be utilizing Simplified Permitting FS 553.7932?                                      Yes                                      No

**Tank Installation**

**Flammable Liquid Storage Tanks:**

Above ground qty: \_\_\_\_\_

Underground qty: \_\_\_\_\_

**Compressed Gas Tanks:**

Above ground qty: \_\_\_\_\_

Underground qty: \_\_\_\_\_

Estimated Construction Cost: \$ \_\_\_\_\_

Plan Review Type:                      Resi 1/2                      Commercial                      Resi 3 or more - # of units: \_\_\_\_\_

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Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$5,000 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).

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: \_\_\_\_\_