

Plumbing Permit Application

*For digital plans review, please email this application to 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: _____

Job/Project Name: _____

Owner Name, Address: _____

*Contractor Name: _____ Lic#: _____

*Contractor Company Name, Address _____

*Digital Plans Applicant Name: _____

*Email: _____ Phone: _____

*Work Description: _____

*GENERAL

Type of Work (subtype - select one):	Addition	Alteration	Solar	Irrigation ²
	New	Repair/Replace	Sewer Connection	Accessory Structure
	Abandon Grease Traps/Interceptor			
*Plan Review Type:	Commercial	Residential 1 or 2 Unit	Residential 3 or More Units	
			_____ # of units	
Irrigation Source:	City	Not Applicable	Reclaimed	Well Lake
# New Sewer Connections:	_____	# Plumbing Fixtures:	_____	Water Service? _____
Related to Code Enforcement Action?: (Y/N) _____				
*Sq. Ft:	_____	*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 \$5,000 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).

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.