CITY OF ORLANDO

# Fire Permit Application

*Email this application to 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: _____

_____

_____

**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/Combustible 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:** _____

**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: _____