

Orange County Division of Building Safety

201 South Rosalind Avenue
 Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687
 Phone: 407-836-5550 • Inspections ONLY: 407-836-2825



Application for Land Use/Building Permit *

* All Applications Must Comply with Concurrency Requirements

DATE: _____

PLEASE PRINT

PROJECT ADDRESS _____ SUITE/UNIT _____ CITY _____ ZIP _____
 PROPERTY OWNER _____ PHONE _____
 OWNER'S ADDRESS _____ STATE _____ ZIP _____
 CONTRACTOR _____ LICENSE NO. _____ PHONE _____
 ARCHITECT _____ LICENSE NO. _____ PHONE _____
 CIVIL ENGINEER _____ LICENSE NO. _____ PHONE _____
 NATURE OF PROPOSED IMPROVEMENTS _____
 NATURE OF BUSINESS: _____ DEMOLITION PERMIT NUMBER: _____

FOR ZONING DIVISION USE ONLY:

TAX I.D. NUMBER SEC _____ TWP _____ (S) RNG _____ (E) SUB _____ B&L _____ COORDINATE _____
 (15 Digit Parcel Number)
 LEGAL DESCRIPTION LOT _____ BLOCK _____ SUBDIVISION _____
 _____ P.B./Pg. _____
 ZONING CLASS. _____ HEIGHT LIMIT _____ NO. OF PARKING SPACES _____ DATE _____
 ZONING TECH. _____ FLOOD PERMIT NO. _____ AC± _____
 F.L.U. DESIGNATION _____ SIDEWALKS REQ'D. (y/n) _____ PAVED DRIVE REQ'D. (y/n) _____
 YARDS - F: _____ R: _____ S: _____ SS: _____ MAJOR STS - Bld: _____ PRKG: _____ C V R C #: _____

SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCROACH INTO ANY EASEMENT OR REQUIRED SETBACK.

FOR DIVISION OF BUILDING SAFETY USE ONLY:

NATURE OF WORK: _____	CONSTRUCTION TYPE: _____	TYPE OF STRUCTURE: _____
DATE OF APPLICATION _____	DATE READY TO ISSUE _____	DATE ISSUED _____ BY _____
OWNER EST. VALUE \$ _____	BLDG. DEPT. VALUE \$ _____	
OCCUPANCY GROUP _____	#BLDG. _____ #UNITS _____ #STORIES _____	SPRINKLERS REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL SQ.FT. _____	SQUARE FEET/FLOOR _____	C/O REQUIRED <input type="checkbox"/> <input type="checkbox"/>
MAX. FLOOR LOAD _____	MAX. OCCUPANCY _____	GOVMT. OWNED <input type="checkbox"/> <input type="checkbox"/>
MIN. FLOOD ELEV. _____	SEER _____	THRESH INSP. REQ'D. <input type="checkbox"/> <input type="checkbox"/>
SUBMITTAL FEE \$ _____	COP _____	PLAN (FORMAT? _____) <input type="checkbox"/> <input type="checkbox"/>
RECEIPT# _____	AUTHORIZATION# _____	OTHER PERMITS REQ'D YES NO
REG. PERMIT FEE \$ _____	LOW FLOOR ELEV. _____	ELECTRICAL <input type="checkbox"/> <input type="checkbox"/>
IMPACT - LAW \$ _____	WATER SERVICE _____	MECHANICAL <input type="checkbox"/> <input type="checkbox"/>
IMPACT - FIRE \$ _____	WASTEWATER SRVC. _____	PLUMBING <input type="checkbox"/> <input type="checkbox"/>
IMPACT - ROAD \$ _____	REVIEWER _____	ROOFING <input type="checkbox"/> <input type="checkbox"/>
IMPACT - SCHOOL \$ _____		GAS <input type="checkbox"/> <input type="checkbox"/>
IMPACT - PARK \$ _____	O.C. WATER & WASTEWATER	HOLD C/O YES NO DEP. REV. FEE:
RADON FEE \$ _____	ACCTG. DEPT. FEES PAID IN FULL	ZONING <input type="checkbox"/> <input type="checkbox"/> \$ _____
VIOLATION \$ _____	AS OF _____ BY _____	ENGINEERING <input type="checkbox"/> <input type="checkbox"/> \$ _____
OTHER FEES \$ _____	AUTH. NO. _____	FIRE LOSS MGT. <input type="checkbox"/> <input type="checkbox"/> \$ _____
		PUBLIC UTILITY <input type="checkbox"/> <input type="checkbox"/> \$ _____
		ENVIRO. PROT. <input type="checkbox"/> <input type="checkbox"/> \$ _____
		PLANNING <input type="checkbox"/> <input type="checkbox"/> \$ _____
		HEALTH <input type="checkbox"/> <input type="checkbox"/> \$ _____
		BUILDING <input type="checkbox"/> <input type="checkbox"/> \$ _____
		FINANCE <input type="checkbox"/> <input type="checkbox"/> \$ _____
		STORMWATER <input type="checkbox"/> <input type="checkbox"/> \$ _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Personally appeared _____ who on oath says, that he/she is
(Print Name)

the applicant for the foregoing, that all the above statements are true to the best of her/his knowledge, and that the work to be done is authorized by the owner and will be done by contract with _____ Contractor/Owner.

SIGNATURE _____ ADDRESS _____
 _____ ZIP _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20 _____.

 NOTARY PUBLIC, ORANGE COUNTY, FLORIDA

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON _____
(Date/Time)

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

PERMIT NUMBER _____
 CONCURRENCY FILE# _____

Building Permit Application Information

Owner's Name _____

Owner's Address _____

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name _____

Contractor's Address _____

City _____ State _____ Zip Code _____

Job Name _____

Job Address _____ SUITE/UNIT _____

City _____ State _____ Zip Code _____

Bonding Company Name _____

Bonding Company Address _____

City _____ State _____ Zip Code _____

Architect/Engineer's Name _____

Architect/Engineer's Address _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, MECHANICAL, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. _____

WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement.

Owner Signature _____

Contractor Signature _____

The foregoing instrument was acknowledged before me this ___ / ___ / ___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.

The foregoing instrument was acknowledged before me this ___ / ___ / ___ by _____ who is personally known to me and who produced _____ as identification and who did not take an oath.

Notary as to Owner _____

Notary as to Contractor _____

Commission No. _____

Commission No. _____

State of FL. County of _____

State of FL. County of _____

My Commission expires: _____

My Commission expires: _____

(SEAL)

(SEAL)

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____ Contractor's Certificate of Competency No. _____

Application Approved by _____