



## APPLICATION FOR ELECTRICAL PERMIT

**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."**

**PLEASE PRINT:**

The undersigned hereby applies for a permit to make electrical installations as indicated below on property.

**Project Address:** \_\_\_\_\_  
 Suite/Unit #: \_\_\_\_\_ Bldg #: \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Parcel ID Number: Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ Subdivision \_\_\_\_ Block \_\_\_\_ Lot \_\_\_\_  
 (15 Digit Parcel Number)

**Owner Name:** \_\_\_\_\_ **Phone No.:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Owner Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Class of Building: Existing \_\_ New \_\_ Type of Structure: Residential (028) \_\_ Commercial (029) \_\_ Mobile Home (006) \_\_

Scope of Work: New (001) \_\_ Alteration (003) \_\_ Addition (004) \_\_ Repair (002) \_\_ Low Voltage (017-New) \_\_

Date First Inspection Desired: \_\_\_\_\_ or will call \_\_ **Is power needed? YES \_\_ NO \_\_**

**Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.**

### INDICATE QUANTITY AND EQUIPMENT TO BE INSTALLED

Air Conditioning ____	Dishwasher ____	Disposal ____	Dryer ____	Electric Signs (012) ____
Exhaust Fan ____	Fixtures ____	Furnace ____	Hood Fan ____	Motors ____
Neon Tubing ____	Outlets ____	Paddle Fan ____	Switches ____	Outdoor Lighting ____
Pumps ____	Stoves ____	Spa ____	Pool ____	Water Heater ____

TV \_\_\_\_ Phone \_\_\_\_ Security \_\_\_\_ Communications \_\_\_\_ Sound \_\_\_\_ Signaling \_\_\_\_ \*Photovoltaic KW \_\_\_\_\_

\*Electrical Contractor is required to permit all wiring on the load side of the power conditioning unit (inverter)

Other (specify): \_\_\_\_\_

Temporary Construction Pole (015): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TUG Service: \_\_\_\_\_  
 Amperage/Voltage/Phase (TUG Application Required & Additional Fees)

One (1) New Meter Service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amperage/Voltage/Phase

Four (4) or More New Meter Services (Meter Services MUST BE Same Size): \_\_\_\_\_ x \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amperage/Voltage/Phase

One (1) Meter Service Upgrade from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Amperage/Voltage/Phase

**PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE** ..... \$ \_\_\_\_\_  
 (IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)

**Total Job Valuation:** \$ \_\_\_\_\_

(VALUATION OF JOB: TOTAL COST FOR ALL MATERIALS, LABOR, AND FIXTURES INSTALLED)

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. I hereby certify that the above is true and correct to the best of my knowledge.

**PLEASE PRINT:** (Check one) Owner:  Contractor:

Name of License Holder/Agent: \_\_\_\_\_

Contractor License Number (if applicable): \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.**

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

Permit Number

## Permit Application Information - Page Two

Permit Number \_\_\_\_\_

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, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, 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 \_\_\_\_\_

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** \_\_\_\_\_

Commission No. \_\_\_\_\_  
State of FL. County of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(SEAL)

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.

**Notary as to Contractor** \_\_\_\_\_

Commission No. \_\_\_\_\_  
State of FL. County of \_\_\_\_\_  
My Commission expires: \_\_\_\_\_

(SEAL)