

**CITY OF MAITLAND FIRE/RESCUE AND BUILDING
STANDARDS & SAFETY ASSURANCE DIVISION
FIRE SYSTEM PERMIT APPLICATION**

PHONE: (407) 539-6248		Permit #:	
FAX: (407) 539-6275		Tenant:	
Job Address:		Suite/Lot #:	
Parcel ID#:			
Owner Name:		Phone:	
Owner Address:			
Title Holder (If other than owner)		Phone	
Title Holders Address			
Bonding Company		Phone	
Bonding Company Address			
Mortgage Lender		Phone	
Mortgage Lender Address			
Contractor:		Contact Person:	Ext:
Phone:	FAX:	E-MAIL	
Business Address:			
State License #:		City Recording #:	
Qualifier Name:			
Architect Name:		Phone:	
FAX:	E-MAIL		
Engineer Name:		Phone:	
FAX:	E-MAIL		
TYPE OF PERMIT:	FIRE ALARM SYSTEM	UNDERGROUND FIRE SUPPLY	
FIRE SPRINKLER SYSTEM	FIRE SUPPRESSION SYSTEM	STANDPIPE SYSTEM	
Class of Work:	New	Repacement	Addition
		Alteration	Other
Type of Occupancy:			
Value of Construction:			\$
Notice of Commencement Required:		YES	NO
Description of Work:			
Building Contractor:			
Phone:	Fax:	E-Mail:	
<p>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, WELLS, POOLS, HEATERS, TANKS, and AIR CONDITIONERS, etc.</p>			
<p>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.</p>			
<p>WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.</p>			
<p>IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.</p>			
<p>_____ (Signature of Owner or Agent)</p> <p>STATE OF FLORIDA, COUNTY OF ORANGE Sworn to (or affirmed) and subscribed before me this ____ day of ____, 200__.</p> <p>BY: _____</p> <p>Personally Known ___ OR Produced Identification ____ Type of Identification Produced _____</p> <p>Permit Tech: _____</p> <p>Date: _____</p>		<p>_____ (Signature of Contractor)</p> <p>STATE OF FLORIDA, COUNTY OF ORANGE Sworn to (or affirmed) and subscribed before me this ____ day of ____, 200__.</p> <p>BY: _____</p> <p>Personally Known ___ OR Produced Identification ____ Type of Identification Produced _____</p> <p>Permit Approved By: _____</p> <p>Date: _____</p>	