

**CITY OF MAITLAND FIRE/RESCUE AND BUILDING
STANDARDS & SAFETY ASSURANCE DIVISION
COMMERCIAL 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		
Class of Work:	NEW	ADDITION	ALTERATION
Type of Occupancy:			
Value of Construction: (Less Mech, Elec, Plumb and Roof values)			\$
Notice of Commencement Required:		YES	NO
Description of Work:			
Present Building Usage		Construction Typ:	
Total Square Ft:		Square Ft. to be Added/Modified:	
# of Floors:		Height of Structure:	
APPROVED BY COMMUNITY DEVELOPMENT: YES NO			
COMMENTS:			
<p align="center">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 align="center">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 align="center">WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.</p>			
<p align="center">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>_____ (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>STATE OF FLORIDA, COUNTY OF ORANGE Sworn to (or affirmed) and subscribed before me this ____ day of ____, 200__.</p>	
<p>BY: _____</p>		<p>BY: _____</p>	
<p>Personally Known ___ OR Produced Identification _____ Type of Identification Produced _____</p>		<p>Personally Known ___ OR Produced Identification _____ Type of Identification Produced _____</p>	
<p>Permit Tech: _____</p>		<p>Permit Approved By: _____</p>	

Date:

Date:

Mar-02

PLUMBING PERMIT APPLICATION

Contractor Name/Address:

Qualifier Name:

Phone:

State License #:

City Recording #:

Engineer Name:

Phone:

Class of Work:	NEW	ADDITION	ALTERATION	REPIPE	REPAIR
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No.	Type of Fixture or Item	No.	Type of Fixture or Item	
	Water Closet (Toilet)		Water Piping & Treating Equipment	
	Bathtub		Waste Interceptor	
	Lavatory		Vacuum Breakers	
	Shower		Gas Systems - # of Outlets	
	Kitchen Sink & Disposal		Sewer Connection/Repair	
	Dishwasher		Drinking Fountain	
	Laundry Tray		Slop/Laundry Sink	
	Clothes Washer		Bar Sink	
	Water Heater		Floor Sink or Drain	
	Urinal			
	Bidet			
TOTAL # OF FIXTURES				

Fees are \$4.00 per Fixture, with a \$20.00 minimum, plus a \$5.00 App. Fee

ELECTRICAL PERMIT APPLICATION

Contractor Name/Address:

Qualifier Name:

Phone:

State License #:

City Recording #:

Engineer Name:

Phone:

Class of Work:	NEW	ADDITION	UPGRADE	ALTERATION
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Temp Pole	MOTORS	COMPRESSORS	SIGN
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Description of Work:

1 PH. 120V / 240V

3 PH. 208V / 240V

3 PH. 277V / 480V

SERVICE AMPERAGE OR AMPERAGE UPGRADE

TOTAL _____ OR TOTAL NUMBER OF AFFECTED CIRCUITS:

Fees are \$4.00 per circuit, with a \$20.00 minimum, or per Amperage, plus a \$5.00 App. Fee

LOW VOLTAGE PERMIT APPLICATION

Contractor Name/Address:

Qualifier Name:

Phone:

State License #:

City Recording #:

Value of Work To Be Done: \$

MECHANICAL PERMIT APPLICATION

Contractor Name/Address:

Qualifier Name:

Phone:

State License #:

City Recording #:

Engineer Name:

Phone:

Class of Work:	NEW	ADDITION	ALTERATION	REPAIR	REPLACE
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Fuel Type:	OIL	NATURAL GAS	ELECTRIC	LPG
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Size of Unit:	Tons. Units 15 tons and larger alone or in combination
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require sealed engineering. Is replacement of existing unit same size/location?

Value of Work To Be Done: \$

Description of Work:

ROOFING PERMIT APPLICATION

Contractor Name/Address:

Qualifier Name:

Phone:

State License #:

City Recording #:

Engineer Name:

Phone:

Class of Work:	NEW	REROOF	REPAIR
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SHINGLES MAY NOT BE APPLIED TO A ROOF W/ A PITCH LESS THAN 2:12

Value of Work To Be Done: \$

Roof Pitch:

Type of Roof:	BUILD-UP	SHINGLE	TILE	WOOD SHAKE
	SINGLE-PLY	STANDING SEAM	METAL	