

**CITY OF MAITLAND FIRE/RESCUE AND BUILDING
STANDARDS & SAFETY ASSURANCE DIVISION
RESIDENTIAL 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	REPLACEMENT	ADDITION
			ALTERATION
			REPAIR
Type of Occupancy:		Single Family	Milti-Family
Value of Construction:		(Less Mech, Elec, Plumb and Roof values)	\$
Notice of Commencement Required:		YES	NO
Description of Work:			
Present Building Usage:		Construction Type:	
Total Square Ft:		Square Ft. to be Added/Modified:	
# of Floors:		Height of Structure:	
APPROVED BY COMMUNITY DEVELOPMENT:		YES	NO

COMMENTS:

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.

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.

IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

(Signature of Owner or Agent)

(Signature of Contractor)

STATE OF FLORIDA, COUNTY OF ORANGE
Sworn to (or affirmed) and subscribed before me
this ____ day of ____, 200__.

STATE OF FLORIDA, COUNTY OF ORANGE
Sworn to (or affirmed) and subscribed before me
this ____ day of ____, 200__.

BY: _____

BY: _____

Personally Known ___ OR Produced
Identification _____ Type of Identification
Produced _____

Personally Known ___ OR Produced
Identification _____ Type of Identification
Produced _____

Permit Tech: _____

Permit Approved By: _____

Date:

Date:

PLUMBING PERMIT APPLICATION						
Contractor Name/Address:						
Qualifier Name:				Phone:		
State License #:			City Recording #:			
Engineer Name:				Phone:		
Class of Work:		NEW	ADDITION	ALTERATION	REPIPE	REPAIR
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	
Temp Pole		MOTORS	COMPRESSORS	SIGN		
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: <input style="width:100px;" type="text"/>		
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
Fuel Type:		OIL	NATURAL GAS	ELECTRIC	LPG	
Size of Unit:		Tons. Units 15 tons and larger alone or in combination				
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		
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		