

Orange County Division of Building Safety 201 South Rosalind Avenue Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687 Phone 407-836-5550 • Fax 407-836-2852 • Inspections ONLY: 407-836-2825

Building Permit Number

(Valuation of all materials, labor, & fixtures installed)

Date

Application For Plumbing 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."

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

Owned by:				
Street Address	City	City		Zip Code
Phone No	Method of Payment: Cash □	Check 🗖	Escrow 🗖	
Job Information: Lot No	Block		Subdivision Name	
Tax Identification Number: Section (15 Digit Number:)	n Township	_ Range	Subdivision	Lot
Street Address	City	State	Zip Code Phon	e No
Class of Building: Old 🗆 New	Type of Building: Resider	ntial (028) 🗖	Commercial (029)	Mobile Home (006)
Type of Work: New (001) 🗖 Additi	on (004) 🗖 Alteration (003) 🗖 🛛	Repair (002)	☐ Type of System: Sew	ver 🗖 Septic 🗖 Re-pipe 🗖

Date First Inspection Desired: __

_ or will call **D** VALUATION OF JOB.

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets (Toilet)			Dishwashers		1 1/1/
Bathtubs			Laundry Tubs		
Urinals			Floor Drains		
Disposals			Grease Traps		
Washing Machines			Trailer Connections		
Water Heaters			Spa		
Sewer			Solar		
Catch Basins/Sumps			Pool Piping		
Service Sink			Irrigation: (No. Systems No. Heads)		
Lavatory (Bathroom Sink)			Water Softener		
Showers			Re-pipe		
Sinks			Miscellaneous (Specify)		
	Total Fees			Total Fees	

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

PLEASE PRINT

Name of Active Certificate Holder (Master Plumber) -

State Registration or Certificate Number (Master Plumber)

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.

Authorized Signature (License Holder or Agent) _

Street Address _

City_

_ State _____ Zip Code __

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

(Date/Time)

__ Phone Number _

Grand Total Fees