



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

Date _____

Building Permit Number _____

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

Owned by: _____

Street Address _____ City _____ State _____ Zip Code _____

Phone No. _____ - _____ - _____ Method of Payment: Cash [] Check [] Escrow []

Job Information: Lot No. _____ Block _____ Subdivision Name _____

Tax Identification Number: Section _____ Township _____ Range _____ Subdivision _____ Lot _____ (15 Digit Parcel Number)

Street Address _____ City _____ State _____ Zip Code _____ Phone No. _____ - _____ - _____

Class of Building: Old [] New [] Type of Building: Residential (028) [] Commercial (029) [] Mobile Home (006) []

Type of Work: New (001) [] Alteration (003) [] Addition (004) [] Repair (002) [] Low Voltage (017-New) [] (018-Existing) []

Date First Inspection Desired: _____ or will call [] Is power needed? YES [] NO []

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____ Exhaust Fan _____ Disposal _____ Water Heater _____
Hood Fan _____ Dryer _____ Paddle Fan _____ Outlets _____
Fixtures _____ Spa _____ Pool _____ Switches _____
Electric Signs (012) _____ Neon Tubing _____ Meter Reset _____ Low Voltage _____
Air Conditioning (tons) _____ Furnace (KW) _____ Pumps _____ Motors _____
Stoves _____ Temporary Construction Pole (015) _____

One (1) New Meter Service _____ Amperage/Voltage/Phase

(Four (4) or More) _____ New Meter Services Same Size: _____ Amperage/Voltage/Phase

Meter Service Upgrade from _____ to _____ = _____ Amperage/Voltage/Phase Amperage/Voltage/Phase Difference in Size

Relocate Existing Meter Service (No Service Size Change) _____

Other: _____

[] PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE \$ _____ (IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)
[] VALUATION OF JOB = \$ _____ PERMIT FEE = \$ _____ (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED)

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

PLEASE PRINT

Name of Business Organization _____

QB License Number _____

Name of Active Certificate Holder (Master Electrician) _____

State Registration or Certificate Number _____

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 _____ Phone Number _____ - _____ - _____

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

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON _____ (Date/Time)