

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:** 407-836-2822

Date		
Buil	ding Permit Number	

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."
PLEASE PRINT

Street Address						
		City		State	Zip Code	
* 1 * A	Phone No Method of Paymo			row 🗖		
Job Information: Lot NoB		•				
Tax Identification Number (15 Digit Number:)	: Section	Township	Kange Sub	division Lo	1.	
Street Address	C	ity	State Zip Co	ode Phone N	[o	
Class of Building: Old	New □ Ty	pe of Building: Re	sidential (028) 🗖 Con	nmercial (029) 🗖	Mobile Home (006) □	
Type of Work: New (001)	Addition (004)	☐ Alteration (003)	☐ Repair (002) ☐ Type	of System: Sewer	☐ Septic ☐ Re-pipe ☐	
Date First Inspection Desir	red:	_ or will call 🗖 💙	VALUATION OF JOB_	(Valuation of all mate	erials, labor, & fixtures installed	
FIXTURES	NUMBER	FEE	FIXTURES	NUMB		
Water Closets (Toilet)			Dishwashers		FEE	
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. Sy No. He			
Lavatory (Bathroom Sink)			Water Softener			
Showers			Re-pipe			
Sinks			Miscellaneous (Specify)			
	Total Fees			Total Fe	ees	
I hereby certify that the abov	ve is true and cor	rect to the best of m	uy knowledge.	Grand Total Fe	ees	
PLEASE PRINT						
Name of Active Certificate I	Holder (Master Pl	umber)				
State Registration or Certific						
I hereby make Application Regulations and County Or grant permission to violate	rdinances regulat	ing same and in ac	cordance with plans subm	nitted. The issuance	ision of Building Safety of this permit does not	
Authorized Signature (License	e Holder or Agent)					
Street Address						
City	State	Zip	Code Phone	Number		

(Date/Time)

Plumbing Permit Number

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON ..

23-14 (Rev. 2/10)