



# 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

The undersigned hereby applies for a permit to make plumbing 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 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) ☐ Addition (004) ☐ Alteration (003) ☐ Repair (002) ☐ Type of System: Sewer ☐ Septic ☐ Re-pipe ☐

Date First Inspection Desired: \_\_\_\_\_ or will call ☐ VALUATION OF JOB \_\_\_\_\_  
(Valuation of all materials, labor, & fixtures installed)

FIXTURES	NUMBER	FEE	FIXTURES	NUMBER	FEE
Water Closets ( Toilet)			Dishwashers		
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		
			Grand 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) \_\_\_\_\_

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 Plumbing Installation is associated with any construction or alteration where a Building Permit has been issued.