

City of Maitland - Community Development  
Building Safety & Code Compliance Division  
**RESIDENTIAL & COMMERCIAL PERMIT APPLICATION**

Phone#: 407-539-6248

Address: 1776 Independence Lane, Maitland, FL 32751

Fax#: 407-539-6275

Date:  Type of Permit:  Commercial  Residential

Permit#:  Tenant:  Parcel ID#:

Job Address:  Suite/Lot#:

Owner Name:  Address:  Phone#:

Contractor Business Name:  Address:

State License #:  Qualifier Name:

Phone#:  Fax#:  Qualifier Email:

Contact Person:  Phone#:  Ext.

Contact Email:

Class of Work:  Type of Occupancy:

Value of Construction (Less Mechanical, Electrical, Plumbing, Roof values):

Description of Work:

Present Building Usage:  Construction Type:  Total Square Feet:

Square Feet to be Added/Modified:  # of Floors:  Height of Structure:

**Electrical Permit Application**

(Sub) Contractor Business Name:  Address:

Qualifier Name:  Phone#:  (Sub) Contractor Email:

State License#:  Class of Work:  New  Addition  Upgrade  Alteration  Temp Pole  Sign

Description of Work:

**Services Amperage or Amperage Upgrade {1 PH. 120V/240V, 3PH. 208V/240V, 3PH. 277V/480V}**

Total:  OR Total # of Affected Circuits:

*Fees are \$4.00 per circuit, with a \$20.00 minimum, or per Amperage, plus a \$5.00 Application Fee.*

**Low Voltage Permit Application**

(Sub) Contractor Business Name:  Address:

Qualifier Name:  Phone#:  (Sub) Contractor Email:

State License#:  Value of Work to be Done:

Description of Work:

## Mechanical Permit Application

(Sub) Contractor Business Name:  Address:

Qualifier Name:  Phone #:

State License#:  (Sub) Contractor Email:

Class of Work:  New  Addition  Alteration  Repair  Replace

Fuel Type:  Oil  Natural Gas  Electric  LPG

Size of Unit (tons):  Is replacement of existing unit same size/location?

Value of Work to be Done:  *(Units 15 tons & larger alone or in combination requires sealed engineering.)*

Description of Work:

## Plumbing Permit Application

(Sub) Contractor Business Name:  Address:

Qualifier Name:  Phone #:

State License#:  (Sub) Contractor Email:

Check One:  City Sewer  Septic System

Class of Work:  New  Addition  Alteration  Repipe  Repair

<b>NO.</b>	<b>NO.</b>	<b>NO.</b>	<b>NO.</b>
Bar Sink <input type="checkbox"/>	Drinking Fountain <input type="checkbox"/>	Laundry Tray <input type="checkbox"/>	Toilet <input type="checkbox"/>
Bathtub <input type="checkbox"/>	Floor Sink or Drain <input type="checkbox"/>	Lavatory <input type="checkbox"/>	Urinal <input type="checkbox"/>
Bidet <input type="checkbox"/>	Gas Systems-# of Outlets <input type="checkbox"/>	Sewer Connection & Repair <input type="checkbox"/>	Grease Trap/ Interceptor <input type="checkbox"/>
Clothes Washer <input type="checkbox"/>	Hose-Bibs <input type="checkbox"/>	Shower <input type="checkbox"/>	Water Heater <input type="checkbox"/>
Dishwasher <input type="checkbox"/>	Kitchen Sink & Disposal <input type="checkbox"/>	Slop /Laundry Sink <input type="checkbox"/>	Water Piping & Treatment Equipment <input type="checkbox"/>

**Fees are \$4.00 per Fixture, with a \$20.00 minimum, plus a \$5.00 Application Fee.**

**Total # of Items:**

## Roofing Permit Application

(Sub) Contractor Business Name:  Address:

Qualifier Name:  Phone #:

State License#:  (Sub) Contractor Email:

Class of Work:  New  Reroof  Repair

No. of Squares:  Pitch:

Value of work to be done:  Type of Roof:

**Shingles may not be applied to a roof w/ a pitch less than 2:12.**

**Dry-In Inspection required for a roof pitch under 4:12.**

Title Holder:  Title Holder Address:   
 (If other than owner)

Architect Name:  Architect Address:

Phone#:  Fax#:  Email:

Engineer Name:  Engineer Address:

Phone#:  Fax#:  Email:

Bonding Company:  Bonding Company Address:

Mortgage Lender:  Mortgage Lender Address:

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, 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. A NOTICE 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Agent

STATE OF FLORIDA, COUNTY OF ORANGE Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Personally Known \_\_\_\_\_ OR

Produced Identification \_\_\_\_\_

Notary:

Signature of Contractor

STATE OF FLORIDA, COUNTY OF ORANGE Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Personally Known \_\_\_\_\_ OR

Produced Identification \_\_\_\_\_

Notary:

(Pursuant To Florida Statute 713.135 (7) all signatures must be notarized.)

**Note: All fees paid by Check or Cash ONLY.**

**FOR OFFICE USE ONLY:**

Public Works Approval:  Date:

Comments:

Zoning Approval:  Date:

Comments:

Fire Approval/Date:  Comments:

Building Approval/Date:  Comments:

Fees: