

CITY OF OVIEDO

as Contracted with PDCS, LLC

Building Services ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5755

BUILDING PERMIT APPLICATION

TAX ID # (COMPLETE PARCEL ID #)

JOB ADDRESS

SUBDIVISION

OWNER'S NAME

PHONE #

FAX #

OWNER'S ADDRESS

EMAIL

FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)

PHONE #

FAX #

FEE SIMPLE TITLE HOLDER ADDRESS

EMAIL

CONTRACTOR NAME

Karoly Szekeres

PHONE #

813-644-6523

FAX #

813-667-7155

ADDRESS

6412 Hanley Rd Tampa FL 33634

LICENSE #

SP13974

EMAIL

KAROLYLLC@GMAIL.COM

ARCHITECT OR ENGINEER NAME

PHONE #

FAX #

ADDRESS

LICENSE #

EMAIL

MORTGAGE LENDER NAME

PHONE #

FAX #

ADDRESS

EMAIL

BONDING COMPANY

PHONE #

FAX #

ADDRESS

EMAIL

TYPE OF WORK: NEW ADDITON ALTERATION REPAIR MOVE DEMOLITION CHANGE OF USE

DESCRIPTION OF WORK:

VALUATION:

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, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner / Agent (including contractor) Date

Printed Name of Owner / Agent

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is Personally Known to me or has Produced (type of identification) _____ as identification and who did take an oath.

(SEAL)

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public

Signature of Contractor Date

Printed Name of Contractor

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is Personally Known to me or has Produced (type of identification) _____ as identification and who did take an oath.

(SEAL)

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public

THIS PAGE – FOR OFFICE USE ONLY

VALUATION OF COMPLETED WORK	USE OF BUILDING	CHANGE OF USE-FROM	CHANGE OF USE – TO
PLAN REVIEW FEE	STATE FEE	PERMIT FEE	OTHER
SPECIAL CONDITIONS BLDG:		SPECIAL CONDITIONS OTHER:	

APPLICATION ACCEPTED BY / DATE	# OF PLANS SUBMITTED	APPROVED FOR ISSUE BY / DATE
CONSTRUCTION TYPE	OCCUPANCY USE	DIVISION
TOTAL SQ FT OF BLDG	# OF STORIES	MINIMUM OCCUPANY LOAD
ZONE USE	# OF DWELLING UNITS	FIRE SPRINKLER SYSTEM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL APPROVALS	APPROVED BY	CORRECTIONS NEEDED	DENIED BY	DATE
BUILDING				
ELECTRICAL				
ENGINEERING				
DEVELOPMENT REVIEW				
FIRE DEPT				
ZONING				
OTHER				