



CITY OF WINTER SPRINGS

1126 East State Road 434
Winter Springs, FL 32708
Phone: 407-327-1800 opt. 1 Fax: 407-327-4784
Email to: customerservice@winterspringsfl.org

Permit# _____

Date: _____

Tech: _____

APPLICATION FOR PERMIT

PERMIT TYPE (Check One): Commercial Residential

**** Effective 2010 Florida Building Code ****

**** Effective 2008 National Electrical Code ****

**** Effective 2012 Florida Accessibility Code ****

PERMITS REQUESTED (Check all that apply)

Electrical Mechanical Plumbing Roof Gas Shed Pool
 Alteration Demo New Construction Other (Specify) _____

PROPERTY OWNER NAME: _____ Phone# _____

Mailing Address: _____

Project address: _____

Parcel # _____ Subdivision: _____ Lot # _____

ePLANS COORDINATOR'S NAME (First, Last): _____

(Uploads Plans and Documents into ePlans Plan Review System)

Email: _____ Phone# _____

CONTRACTOR: _____ License# _____

Qualifier Name: _____ Phone # _____

Email: _____ Cell# _____

Address: _____ Fax# _____

Complete Description of Work: _____

ELECTRICAL: (Check One) Single Phase, Three Phase =<240Volt, Three Phase >240Volt, T-Pole Needed

Existing Amperage _____ Amperage Added _____ Total Amperage _____

MECHANICAL: Tons _____ Seer _____ Split _____ Package _____ Roof Top _____ Curb/Stand _____ Attic _____

PLUMBING: Number of Fixtures: _____ *Florida Building Code Plumbing Sec.403*

ROOF: Shingle/Shake Metal Tile Flat Number of Squares: _____

GAS: Number of Outlets: _____ (Check all that Apply) Propane Natural Gas Existing Tank/Meter

TOTAL PROJECT COST (Including Labor and Material) \$ _____ **TOTAL SQ FOOTAGE:** _____

Living Sq. Ft. 1st Floor: _____ Living Sq. Ft. 2nd Floor: _____ Living Other Sq. Ft.: _____

Sq. Ft. Of: Garage: _____, Entry: _____, Rear Porch: _____, Other non-air conditioned: _____

ROOF PROJECT COST is based on type of material; Shingle \$200 per Square, Metal \$300 per Square, Tile \$400 per Square

NEW CONSTRUCTION PROJECT COST WILL BE BASED ON CURRENT ICC BLDG DATA TABLE OR ACTUAL VALUE WHICHEVER IS GREATER

SUBCONTRACTORS

Trade	Company Name	Qualifier Name	License Number	Project Cost
Electrical				\$
Email:		Phone:		
Mechanical				\$
Email:		Phone:		
Plumbing				\$
Email:		Phone:		
Roofer				\$
Email:		Phone:		
Gas				\$
Email:		Phone:		
Other (Specify)				\$
Email:		Phone:		
Other (Specify)				\$
Email:		Phone:		

NOTICE

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no work or installation has commenced prior to issuance of a permit and that all work will be performed to meet all codes, standards and laws governing construction in this jurisdiction. I also certify that all required insurances for myself and any trades are in accordance with state laws. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, FURNACES, BOILERS, HEATERS, TANKS AND AIR CONDITIONING SYSTEMS.

I FURTHER UNDERSTAND THAT WORK MUST COMMENCE WITHIN 6 MONTHS FROM THE DATE OF PERMIT ISSUANCE AND THAT THE PERMIT WILL EXPIRE IF THE WORK AUTHORIZED BY THE PERMIT IS SUSPENDED OR ABANDONED FOR A PERIOD OF 6 MONTHS AFTER THE TIME THE WORK IS COMMENCED PER THE FLORIDA BUILDING CODE BUILDING SECTION 105.4

I certify that I have read and understand this document and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. Granting of a permit does not presume to give authority to violate or cancel any other state or local law regulating construction or performance of construction.

This application must be signed in the presence of a notary.

X _____

Owner /Agent Signature

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this _____ day of _____

20__ By _____

who is personally known to me/or has produced

_____ as identification and who (did not) take an oath.

Notary _____

(seal)

X _____

Contractor Signature

STATE OF FLORIDA, COUNTY OF SEMINOLE

The foregoing instrument was acknowledged

Before me this _____ day of _____

20__ By _____

who is personally known to me/or has produced

_____ as identification and who (did not) take an oath.

Notary _____

(seal)

PLEASE EMAIL ALL APPLICATIONS TO customerservice@winterspringsfl.org OR SUBMIT VIA ePLANS PLAN REVIEW SYSTEM

OFFICE USE ONLY: _____ Added to Seminole Co. Impact Register _____ Water/Sewer Application Completed _____ Zoning Approve