

DATE RECEIVED: \_\_\_\_\_



**CITY OF OCOEE FIRE DEPARTMENT  
PERMIT APPLICATION  
(407) 905-3140**

PERMIT #: \_\_\_\_\_

PLEASE TYPE OR PRINT

**JOB INFORMATION:**

PROJECT NAME: \_\_\_\_\_ ZONING: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ OCOEE, FL 34761 COUNTY: ORANGE

**LEGAL DESCRIPTION:**

SEC: \_\_\_\_\_ TWP: \_\_\_\_\_ RNG: \_\_\_\_\_ SUB.# \_\_\_\_\_ BLK/PAR \_\_\_\_\_ LOT: \_\_\_\_\_  
SUBDIVISION NAME: \_\_\_\_\_ PLAT: BOOK/PAGE \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VALUE OF CONSTRUCTION: \$ \_\_\_\_\_

OCCUPANCY GROUP: \_\_\_\_\_ CONSTRUCTION TYPE: \_\_\_\_\_ FLOOR AREA: \_\_\_\_\_

**CONTRACTOR INFORMATION:**

COMPANY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

QUALIFIER'S NAME: \_\_\_\_\_  
STATE CERTIFICATION/REGISTRATION NO: \_\_\_\_\_  
CERTIFICATE OF COMPETENCY: \_\_\_\_\_

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. FS 713.135(d).

APPLICANT'S AFFIDAVIT

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, FURNANCES, BOILERS, HEATERS, TANKS AND AIR CONDITIONERS, FENCES, etc.

**OWNER AFFIDAVIT:** I certify that all the foregoing information is accurate and all work done 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. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

OWNER'S / AGENT'S SIGNATURE:

CONTRACTOR'S SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

STATE OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

who  is personally known to me, or  has produced \_\_\_\_\_ as an identification and who did not take an oath.

who  is personally known to me, or  has produced \_\_\_\_\_ as an identification and who did not take an oath.

\_\_\_\_\_

\_\_\_\_\_

Signature of NOTARY PUBLIC  
SEAL

Signature of NOTARY PUBLIC  
SEAL

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APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_