

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

**CITY OF OCOEE  
FIRE DEPARTMENT  
PERMIT APPLICATION**

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

**PLEASE TYPE OR PRINT**

JOB INFORMATION:

PROJECT NAME: \_\_\_\_\_ ZONING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCOEE, FL COUNTY: ORANGE

LEGAL DESCRIPTION:

SEC: \_\_\_\_\_ TWP: \_\_\_\_\_ RNG: \_\_\_\_\_ SUB.# \_\_\_\_\_ BLK/PAR \_\_\_\_\_ LOT: \_\_\_\_\_

SUBDIVISION NAME: \_\_\_\_\_ PLAT:BOOK/PAGE \_\_\_\_\_

OWNER INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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: \_\_\_\_\_

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

**OWNER AFFIDAVIT:** I certify that all the foregoing information is accurate and 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. 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 FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged  
Before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_\_\_, by

Who is personally known to me, or has  
Produced \_\_\_\_\_  
As identification and who did not take an  
Oath.

Signature of NOTARY PUBLIC

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Commission Number: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged  
Before me on this \_\_\_\_\_ day of  
\_\_\_\_\_, 200\_\_\_\_, by

Who is personally known to me, or has  
Produced \_\_\_\_\_  
As identification and who did not take an  
Oath.

Signature of NOTARY PUBLIC

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Commission Number: \_\_\_\_\_

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



**City of Ocoee**  
Office of the Fire Marshal  
563 S. Bluford • Ocoee, Florida 34761



**NEW CONTRACTOR PERMIT APPLICATION FORM**

1) Completed <b>application</b> with owner signature or original authorization letter
2) (1) set of <b>signed/sealed plans</b> and (1) set of plans on a <b>CD</b> in <u>JPG</u> or <u>PDF</u> format.
3) <b>Plan review fee</b> is <del>1/4</del> of 1 % x value of construction. <b>Method of payment:</b> Exact cash amount or check payable to the City of Ocoee. <b>Permit fee</b> is \$30.00 + \$4.50 per \$1,000 of valuation.
4) A copy of the _____ certified <b>Notice of Commencement</b> (if over \$2,500 –if not already submitted to the Ocoee Building Department).
5) <b>Contractor Registration</b> form.
6) <b>Re-Inspection Fee's</b> may apply if needed as follows: 1) <b>First</b> occurrence \$25.00 2) <b>Second</b> occurrence \$40.00 3) <b>Third</b> \$40.00 4) <b>Fourth</b> \$100.00
7) Please provide the following <b>license(s)</b> <u>only</u> if not already submitted to the Ocoee Building Department: Copy of Certificate of <i>General Liability</i> Copy of State License <i>COPY OF WORKMANS COMP.</i>



CITY OF OCOEE  
CONTRACTOR REGISTRATION

REGISTRATION # 50 - \_\_\_\_\_

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

QUALIFIER'S NAME \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

*EMAIL!*  
CELL # (OPTIONAL) \_\_\_\_\_

CONSTRUCTION TYPE \_\_\_\_\_

STATE LICENSE EXPIRES \_\_\_\_\_

WORKERS COMP INSURANCE EXPIRES \_\_\_\_\_

GENERAL LIABILITY EXPIRES \_\_\_\_\_

CLERK \_\_\_\_\_

CERTIFICATE HOLDER:

PLEASE FAX TO (407) 905-3129

- 1) COPY OF LICENSE
- 2) CERTIFICATE OF INSURANCE/EXEMPTION