



CITY OF PORT ORANGE PERMIT APPLICATION

CURRENT BUILDING CODE & CURRENT NATIONAL ELECTRIC CODE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129 PHONE
386-506-5602 | EMAIL buildingpermits@port-orange.org

FOR OFFICE USE ONLY

PERMIT NUMBER: _____

DATE RECEIVED: _____

RECEIVED BY: _____

General Permit Details:

RESIDENTIAL COMMERCIAL **JOB ADDRESS:** _____

FLOOD ZONE DESIGNATION: _____ (If located in A, AE, AH, V, VE, requires special flood hazard area building permit application supplement. [Flood Zone Designation Map \(FEMA\)](#) [Special Flood Zone Hazard Building Permit Application](#))

CONSTRUCTION REQUIRES REMOVAL OF TREE(S): NO YES (If yes, requires [Tree Removal Permit](#).)

DETAILED DESCRIPTION OF PROPOSED WORK: _____

ARE YOU USING A PRIVATE PROVIDER FOR: **PLAN REVIEW?** NO YES **INSPECTION?** NO YES

CONSTRUCTION VALUE: _____ **TOTAL SQUARE FOOTAGE:** _____ **JOB/TENANT NAME:** _____

PLEASE NOTE: Customer/contractor shall provide 2 copies of a scaled survey that clearly indicates the location of the improvement and dimension. Documents **shall not be** reduced or enlarged. Original signed and notarized application required prior to permit issuance. **Please sign your initials if you've read and understand this statement:** _____



Permit Application Type: Please fill out the appropriate permit information, as needed per type requested.

◆ **FENCE:** Type _____ Lineal Feet _____ Height _____

◆ **ROOF TYPE:** Total Squares: _____ Shingle Metal Tile Flat (requires product approval data)
Replace Skylights No Yes (requires product approval data) Other _____

◆ **ELECTRIC:** Upgrade-Old Amps _____ New Amps _____ Pool Wiring
 New Construction Amps _____ Volts _____ Phase _____

◆ **MECHANICAL NOTE:** On existing equipment make and model number are only required for components proposed to remain on site. **Condenser or A.H.U. replacement only** (partial system): provide verification of energy rating documentation from ARI or another independent testing agency, manufacturers support documentation, or Florida-registered professional engineer verification, as per FBCEC C101.4.7 and R101.4.7.

MECHANICAL: Leave Existing Equipment No Yes Make _____ Model _____
Ductwork No Yes Change out No Yes Tons _____ KW _____ Other _____

◆ **PLUMBING:** Number of Fixtures: _____

◆ **GAS:** Tank Size _____ Number of Fixtures: _____

◆ **SIGN:** Temporary Site Sign Copy Change Only Temp/Banner, from _____ to _____
 Permanent sign (ground) Permanent sign (wall) Permanent (awning/canopy/projecting/suspended)
Sign Illuminated No Yes

◆ **FIRE SYSTEMS:** Fire Alarm Fire Sprinkler, number of heads _____ Hood Suppression
 Paint Booth Suppression Other _____

Contractor Information (Please Print):

BUSINESS NAME: _____
QUALIFIER NAME: _____ STATE LICENSE NUMBER: _____
ADDRESS: _____
PHONE NO.: _____ FAX NO.: _____ EMAIL: _____

Subcontractors (Please Print):

TRADE	COMPANY NAME	PHONE NUMBER	QUALIFIER NAME	LICENSE NO	CONST VALUE
ELEC					
MECH					
PLBG					
GAS					
ROOF					

Property Owner Information (Please Print):

OWNER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ EMAIL: _____

Acknowledgements: APPLICANT IS: OWNER CONTRACTOR

THE APPLICANT AUTHORIZES _____ to drop off and pick up permits on my behalf for the construction project above – described for the licensed contractor or home owner listed on this application, and whose signature appears below.

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 SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. SOME AREAS HAVE PRIVATE DEED COVENANTS & RESTRICTIONS ON BUILDING ACTIVITY. A CITY PERMIT IS ONLY TO ENSURE COMPLIANCE TO CITY AND STATE CODES. THE OWNER IS RESPONSIBLE FOR OBTAINING ANY PRIVATE ASSOCIATION APPROVAL BEFORE WORK IS STARTED.

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HEREBY MAKE APPLICATION FOR PERMIT AS NOTED HEREIN AND IF SAME IS GRANTED I AGREE TO CONFORM TO ALL BUILDING DIVISION REGULATIONS AND CITY ORDINANCES REGULATING THE SAME AND IN ACCORDANCE WITH PLANS SUBMITTED. THE ISSUANCE OF THIS PERMIT DOES NOT GRANT PERMISSION TO VIOLATE ANY APPLICABLE CITY AND/OR STATE OF FLORIDA CODES AND/OR ORDINANCES.


Applicant's Signature: _____ 

STATE OF FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization on this

_____ by _____, who is personally known to me or who has produced
(Date) (Name of Person(s) Acknowledging)

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

_____ Notary Public, Commission No. _____ 
(Signature)

_____ (Name of Notary typed, printed or stamped)