

CITY OF PORT ORANGE

1000 CITY CENTER CIRCLE PORT ORANGE, FL 32129 PHONE 386-506-5602 FAX 386-506-5699

PERMIT APPLICATION

FLORIDA BUILDING CODE 6^{TH} EDITION & 2014 NATIONAL ELECTRIC CODE

PERMIT NUMBER:	REC'D BY	DATE REC'D:	
☐ RESIDENTIAL ☐ COMMERCIAL J	OB ADDRESS:		
FLOOD ZONE DESIGNATION:		JIRES SPECIAL FLOOD HAZAR	D AREA BUILDING
CONSTRUCTION REQUIRES REMO	VAL OF TREE(S): NO	YES (IF YES, REQUIRES TREE R	EMOVAL PERMIT
DESCRIPTION OF PROPOSED WOR	K:		
CONSTRUCTION VALUE:	TOTAL SQUARE FOOTAGE	:JOB/TENANT NAME:	
PLEASE NOTE: Customer/contractor s improvement and dimensions. Docume understand this statement:	ents shall not be reduced or er		
FENCE Type	Lineal Feet		
ROOF TYPE Total Squares:	Shingle Metal	Tile Flat (requires product a	pproval data)
Replace Skylights	No Yes (requires produc	t approval data) Other	
ELECTRIC Upgrade Old Amps	New Amps		
Pool Wiring			
☐ New Construction	AmpsVolts	Phase	
MECHANICAL NOTE: On existing remain on site. Condenser or A.H.U. I documentation from ARI or another incregistered professional engineer verifications.	replacement only (partial system dependent testing agency, mar	tem): provide verification of energonal temporal temporal provides a support documentation	gy rating
MECHANICAL: Leave Existing Equ	uipment No Yes Make_	Model	
Ductwork No	Yes Change out No	Yes TonsKW	Other
PLUMBING: Number of Fixtures:			
GAS: Tank SizeNu			
SIGN: Real Estate Copy Chang	ge Only Wall Sign M	onument Sign	
Temp/Banner, from	to	Sign Illuminated No Yes	
FIRE SYSTEMS: Fire Alarm	Fire Sprinkler, number of he	eads	ession
Paint Booth Su	ppression Other		

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CONTRACTOR INFORMATION (PLEASE PRINT) BUSINESS NAME: QUALIFIER NAME: _____STATE LICENSE NUMBER: ____ ADDRESS: PHONE NO.: FAX NO.: EMAIL: **SUBCONTRACTORS: TRADE COMPANY NAME** PHONE NUMBER **QUALIFIER NAME** LICENSE NO CONST VALUE **ELEC MECH** PLBG GAS ROOF PROPERTY OWNER INFORMATION (PLEASE PRINT) OWNER: ADDRESS: STATE: ____ZIP: ___ CITY: PHONE: _____FAX: _____EMAIL: ____ **ACHNOWLEDGEMENTS** THE UNDERSIGNED HEREBY 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. Authorized Signature: FLORIDA, COUNTY OF VOLUSIA The foregoing instrument was acknowledged before me this _____day of ______, 20___ , who is personally known to me or who has produced _____as identification. _____ Notary Public STAMP: