



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 6TH EDITION & 2014 NATIONAL ELECTRIC CODE

PERMIT NUMBER: _____ REC'D BY: _____ DATE REC'D: _____

RESIDENTIAL COMMERCIAL JOB ADDRESS: _____

FLOOD ZONE DESIGNATION: _____ (IF A, AE, AH, V, VE, REQUIRES SPECIAL FLOOD HAZARD AREA BUILDING PERMIT APPLICATION SUPPLEMENT)

CONSTRUCTION REQUIRES REMOVAL OF TREE(S): NO YES (IF YES, REQUIRES TREE REMOVAL PERMIT)

DESCRIPTION OF PROPOSED WORK: _____

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. **Please sign your initials if you've read and understand this statement:** _____

FENCE: Type _____ Lineal Feet _____

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: Real Estate Copy Change Only Wall Sign Monument Sign
 Temp/Banner, from _____ to _____ 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:

<u>TRADE</u>	<u>COMPANY NAME</u>	<u>PHONE NUMBER</u>	<u>QUALIFIER NAME</u>	<u>LICENSE NO</u>	<u>CONST VALUE</u>
ELEC					
MECH					
PLBG					
GAS					
ROOF					

PROPERTY OWNER INFORMATION (PLEASE PRINT)

OWNER: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

ACKNOWLEDGEMENTS

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: _____

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

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

_____ Notary Public, Commission No. _____

(Name of Notary typed, printed or stamped)