



CITY OF ORLANDO

Scope of Work

Job/Project Name: _____ Permit #: _____

Job Site Address: _____

Contractor/Owner: _____

Plan Review Type: ☐ Commercial ☐ Residential 1 or 2 units ☐ Residential 3 or more units

Work Description – List each item separately.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Will structural work be involved? Yes /No

Explain _____

Work that does not require a building permit includes: painting, caulking, cleaning, carpet replacement and wallpaper.

Contractor/Owner: _____

Signature

Print Name

Date

Rev 9/2004