

Orange County Division of Building Safety

201 South Rosalind Avenue **Reply To:** Post Office Box 2687 • Orlando, Florida 32802-2687 **Phone** 407-836-5550 • **Fax** 407-836-2852 • **Inspections ONLY:** 407-836-2822

	Date
5	
	Building Permit Number

Application For Plumbing Permit

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 JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

Owned by:							
•						~	. ~ .
Street Address	City			:	State Z	Zip Code	
Phone No	Metho	d of Payment: C	ash 🗖	Check 🗖	Escrow 🗖		
Job Information: Lot No		Block		Subdivision N		ame	
Tax Identification Number: (15 Digit Number:)	: Section	Township		_ Range	Subdivisio	n Lot_	
Street Address		ity		State	Zip Code	Phone No_	
Class of Building: Old 🗖	New □ Ty	pe of Building: F	Resider	tial (028) 🗖	Commercia	al (029) 🗖 💮 N	Mobile Home (006)
Type of Work: New (001)	Addition (004)	☐ Alteration (00	03) 🗖 I	Repair (002) [☐ Type of Sys	tem: Sewer □	Septic ☐ Re-pipe ☐
Date First Inspection Desir	ed:	or will call \square	VAL	JATION OF	JOB		
		FEE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FIXTUR	(vait		ls, labor, & fixtures installe
FIXTURES	NUMBER	FEE		Dishwashers	ES	NUMBER	FEE
Water Closets (Toilet)			_				
Bathtubs				Laundry Tub	S		
Urinals				Floor Drains			
Disposals				Grease Traps			
Washing Machines				Trailer Connections			
Water Heaters				Spa			
Sewer				Solar			
Catch Basins/Sumps				Pool Piping			
Service Sink				Irrigation:	(No. Systems No. Heads)		
Lavatory (Bathroom Sink)				Water Soften			
Showers				Re-pipe			
Sinks				Miscellaneou	18		
JIII/2	Total Fees		\dashv L	(Specify)		Total Fees	
hereby certify that the abov	e is true and cor	rect to the best of	my kno	owledge.	Gra	and Total Fees	
PLEASE PRINT	I.11. (M	I 1					
Name of Active Certificate F State Registration or Certific							
I hereby make Application Regulations and County Or grant permission to violate	for Permit as out	lined above, and i	if same	is granted I a	gree to conforns submitted.	m to all Division for the issuance of	on of Building Safety
Authorized Signature (License	Holder or Agent)						
Street Address							
City	Ct. t.	7	in Cod	_	Dhana Numba	_	

(Date/Time)

Plumbing Permit Number

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON _

23-14 (Rev. 2/10)