



CITY OF PORT ORANGE

DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING DIVISION
1000 CITY CENTER CIRCLE
PORT ORANGE, FLORIDA 32129
(386) 506-5600 FAX (386) 506-5699

PERMIT NO.: _____

PERMIT TECH: _____

Note: The Building Permit Number is required if the proposed work is associated with any construction or alteration where a Building Permit has been issued.

ASSOCIATED #: _____

APPLICATION FOR BUILDING PERMIT

****EFFECTIVE IS THE 2007 FLORIDA BUILDING CODE WITH 2009 SUPPLEMENTS ****
**** 2005 National Electrical Code ****

RESIDENTIAL: 2 SETS OF FOLDED PLANS

COMMERCIAL: 5 SETS OF PLANS

JOB INFORMATION:

ADDRESS: _____

TAX PARCEL NUMBER: _____

SUBDIVISION: _____

LOT NUMBER: _____

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE: _____

FAX: _____

E-MAIL: _____

RESIDENTIAL COMMERCIAL- DESCRIPTION OF PROPOSED WORK: _____

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING 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.

EXISTING FINISHED ELEVATION: _____ PROPOSED FINISHED ELEVATION: _____ FLOOD ZONE: _____

SETBACKS: F _____ R _____ S _____ S _____ NUMBER OF STORIES: _____ ESTIMATED COST: _____

LIVING: _____ SF GARAGE: _____ SF PORCH/ENTRY: _____ SF TOTAL AREA: _____ SF

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

NAME OF QUALIFIER (PLEASE PRINT) _____

ADDRESS: _____

BUSINESS NAME: _____

STATE LICENSE NUMBER: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

E-MAIL: _____

CONTINUED ON OTHER SIDE

ELECTRICAL CONTRACTOR... P.O. LIC. # _____
 QUALIFIER: _____
 COMPANY: _____
 LICENSE NO.: _____
 PHONE: _____ FAX: _____

Value of job: _____
 UPGRADE: _____ OLD AMP: _____ NEW AMP: _____
 AMPS: _____ VOLTS: _____ PHASE: _____
 VALUATION OF JOB: _____

PLUMBING CONTRACTOR... P.O. LIC. # _____
 QUALIFIER: _____
 COMPANY: _____
 LICENSE NO.: _____
 PHONE: _____ FAX: _____

TOTAL # OF FIXTURES TO BE ADDED: _____
 VALUATION OF JOB: _____

MECHANICAL CONTRACTOR... P.O. LIC. # _____
 QUALIFIER: _____
 COMPANY: _____
 LICENSE NO.: _____
 PHONE: _____ FAX: _____

DUCT WORK ONLY: VALUE: _____
 TONS OF AIR CONDITIONING: _____ Value: _____
 VALUATION OF JOB: _____

ROOFING CONTRACTOR... P.O. LIC. # _____
 QUALIFIER: _____
 COMPANY: _____
 LICENSE NO.: _____
 PHONE: _____ FAX: _____

Value of job: _____
 ROOFING ENTIRE STRUCTURE: YES NO
 TOTAL SQUARES: _____
 VALUATION OF JOB: _____

GAS CONTRACTOR COMPANY: _____ QUALIFIER: _____
 P.O. LIC. # _____ PHONE: _____ FAX: _____
 NUMBER OF FIXTURES: _____ VALUATION OF JOB: _____

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.

PERSONALLY APPEARED _____ WHO ON OATH SAYS, THAT HE/SHE IS THE APPLICANT FOR THE FOREGOING, THAT ALL THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, AND THAT THE WORK TO BE DONE IS AUTHORIZED BY THE OWNER AND WILL BE DONE BY CONTRACT WITH _____ (CONTRACTOR/OWNER).

Authorized Signature: _____

FLORIDA, COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, who is personally known to me or who has produced _____ as identification.

 Notary Public

STAMP: