



Plumbing/Gas Permit Application

*For digital plans review, please email this application to digitalpermits@cityoforlando.net

Date: _____ Related Building Permit # (if applicable): _____

Job Site Address, Parcel ID # or Legal Description: _____

Owner Name, Address, Phone: _____

Contractor Name¹, Address: _____ Lic #: _____

Contractor Company Name¹, Address: _____

¹Current license and insurance information must be registered with Permitting Services or provided with this application.

Digital Plans Applicant Name: _____ Company: _____

Email: _____ Phone: _____

Primary Contact: _____ Job/Project Name: _____

For Contractor and Primary Contact, do we have current Phone #, FAX # and email address? _____

Work Description: _____

GENERAL SOLAR

Type of Work (subtype—select one): Addition Alteration Gas Piping Irrigation² New Structure

Repair/Replace Sewer Connection Accessory Structure Abandon Grease Traps / Interceptor

² Backflow prevention device is required for Irrigation.

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

Irrigation Source: City Not Applicable Reclaimed Well Lake

New Sewer Connections: _____ # Plumbing Fixtures: _____ Water Service?

Related to Code Enforcement Action? (Y/N) _____ Estimated Construction Cost: \$ _____

Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$2,500 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed in the Office of Permitting Services prior to scheduling your first inspection. FS 713.135(d).

GAS INFORMATION

Type of Gas: Natural LP Medical³ (indicate State Certification # in work description above) # of Gas Outlets: _____

FIXTURES

	Qty		Qty		Qty
Bathtub	_____	Floor Sink	_____	Sink – Mop 3” Drain	_____
Bidet	_____	Grill – Gas	_____	Sink – Service P Trap	_____
Cooking Range – Gas	_____	Hub Drain	_____	Special Fixture	_____
Dental Unit	_____	Interceptor	_____	Special Fixture – Gas	_____
Dishwasher	_____	Lavatory	_____	Unit Heater – Gas	_____
Disposal	_____	Roof Drain	_____	Urinal	_____
Drinking Fountain	_____	Room Heater – Gas	_____	Washing Machine	_____
Dryer -- Gas	_____	Shower Stall	_____	Water Closet	_____
Fireplace – Gas	_____	Sink – Commercial	_____	Water Heater – Electric	_____
Floor Drain	_____	Sink – Kitchen	_____	Water Heater – Gas	_____

48 Hours before you dig call SUNSHINE 1.800.432.4770. It's the Law in Florida.

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances regulating gas and plumbing work.

Owner/
Contractor/Agent _____ Date _____

Print Name _____

**NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT
PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.**

OWNER _____ Date _____

Print Name _____ (Owner)

(Owner)

STATE OF FLORIDA

COUNTY OF _____

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by
_____, known to me to be the person described in and who executed the foregoing.

He/she is personally known to me or has produced _____ (type of identification) as
identification.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of
_____, 201__.

Notary Public Signature

Print Name:

My Commission Expires:

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at <http://www.cityoforlando.net/permits>.