

CITY OF OVIEDO
as Contracted with PDCS, LLC
Building Services ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5755
ELECTRICAL PERMIT APPLICATION
“ORPHAN”

DATE: _____

OWNER: _____

PROPERTY ADDRESS: _____

LOT NO. _____ SUBDIVISION: _____

Class of Building: Existing New Construction

Type of Building: Residential Commercial Other | Valuation of work: \$ _____

Description of Work: _____

Base Permit Fee (to include but not limited to temporary service, fuse box installation, well pump, lift station, switches, outlets, ect.)	\$25.00
Service Amperage Rating (new & upgrade only) _____ x \$0.20 = \$ _____	Permit Fee \$ _____
State Fee (3% of permit fee, minimum \$4.00) _____ x \$0.03 = \$ _____	TOTAL PERMIT FEE \$ _____

Company Name: _____ Address: _____

License Holder: _____

License No. _____ Phone No. _____

Email: _____ Fax No. _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

OWNER'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner / Agent

Date

Printed Name of Owner / Agent

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____, who is Personally Known to me or has Produced (type of identification) _____ as identification and who did take an oath.

(SEAL)

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public

Signature of Contractor

Date

Printed Name of Contractor

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20 ____, by _____, who is Personally Known to me or has Produced (type of identification) _____ as identification and who did take an oath.

(SEAL)

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public

FBC 105.3 Shall be inscribed with the date of application and the code in effect as of that date (Code 2007 FBC) 713.135 (5)(6) Florida Statutes

BELOW – FOR OFFICE USE ONLY

VALUATION OF COMPLETED WORK	PLAN REVIEW FEE	PERMIT FEE	STATE FEE
-----------------------------	-----------------	------------	-----------

SPECIAL CONDITIONS BLDG:	SPECIAL CONDITIONS OTHER:

APPLICATION ACCEPTED BY / DATE	PLANS CHECKED BY	APPROVED FOR ISSUE BY / DATE

SPECIAL APPROVALS	APPROVED BY	DENIED BY	DATE
BUILDING			
ELECTRICAL			
FIRE (Fire Alarm Only)			

** As of October 1, 2010, Florida Statutes 553.721 and 468.631 require that a State Fee be charged for every permit issued. This fee will be added to the permit fee. This State Fee is calculated as noted below:

The Total of the Permit Fee + Plan Review Fee multiplied by 3% (or 0.03) = State Fee

The Minimum State Fee is \$4.00

Please contact the Building Department at 407-971-5755 with any questions.