

CITY OF OVIEDO

Building Services ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5755

BUILDING PERMIT APPLICATION

TAX ID # (COMPLETE PARCEL ID #)		SUBDIVISION
JOB ADDRESS		
OWNER'S NAME	PHONE #	FAX #
OWNER'S ADDRESS		EMAIL
FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)	PHONE #	FAX #
FEE SIMPLE TITLE HOLDER ADDRESS		EMAIL
CONTRACTOR NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
ARCHITECT OR ENGINEER NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
MORTGAGE LENDER NAME	PHONE #	FAX #
ADDRESS		EMAIL
BONDING COMPANY	PHONE #	FAX #
ADDRESS		EMAIL

TYPE OF WORK: NEW ADDITON ALTERATION REPAIR MOVE DEMOLITION CHANGE OF USE

DESCRIPTION OF WORK:

VALUATION: \$

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. I understand that a separate permit must be secured for MECHANICAL, ELECTRICAL, PLUMBING, FUEL GAS, FIRE ALARM, FIRE SUPPRESSION, SIGNS, WELLS, IRRIGATION, POOLS, BOILERS, TANKS, ACCESSORY STRUCTURES, etc.

OWNER'S/CONTRACTOR'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 (including contractor) 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 7th Edition (2020) FBC) 713.135 (5)(6) Florida Statutes

THIS PAGE – FOR OFFICE USE ONLY

VALUATION OF COMPLETED WORK \$	USE OF BUILDING/STRUCTURE	CHANGE OF USE-FROM		CHANGE OF USE – TO
PERMIT FEE \$	PLAN REVIEW FEE \$	STATE DCA FEE 1 % / MIN \$2.00 \$	STATE DBPR FEE 1.5 % / MIN \$2.00 \$	OTHER
SPECIAL CONDITIONS BLDG:		SPECIAL CONDITIONS OTHER:		

APPLICATION ACCEPTED BY / DATE	# OF PLANS SUBMITTED	APPROVED FOR ISSUE BY / DATE
CONSTRUCTION TYPE	OCCUPANCY USE	DIVISION
TOTAL SQ FT OF BLDG	# OF STORIES	MINIMUM OCCUPANY LOAD
ZONE USE	# OF DWELLING UNITS	FIRE SPRINKLER SYSTEM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO

SPECIAL APPROVALS	APPROVED BY	CORRECTIONS NEEDED	DENIED BY	DATE
BUILDING				
ENGINEERING				
DEVELOPMENT REVIEW				
FIRE DEPT				
ZONING				