

## **BUILDING PERMIT APPLICATION**

Development Services – Building Division 150 N. Lakeshore Drive | Ocoee, FL 34761 Phone: 407.905.3104 | Fax: 407.905.3155 Online Services: <a href="http://permits.ocoee.org">http://permits.ocoee.org</a>

PERMIT No.:	FBC 6 <sup>th</sup> Edition (2		Application D	ate – Office Use Only		
PROJECT NAME:						
JOB ADDRESS:				UI	NIT/SPACE:	
CITY:		STATE:	ZIP:	ZIP: COUNTY: ORA		
LEGAL DESCRIPTION						
SEC: TWP:	RNG:	SUB. No.:	BLK:	PAR:	LOT:	
JBDIVISION NAME:			ZONING CODE:			
PROPERTY OWNER:				PHONE :		
MAILING ADDRESS:						
E-MAIL ADDRESS:			FAX No.:			
THE ISSUANCE OF A BUIL HOMEOWNER'S REGULATION	ONS. THE PRO	PERTY OWNER IS HELD R COMMENCING ANY CON	ESPONSIBLE FOR		•	
FEE SIMPLE TITLE HOLDER (if FEE SIMPLE TITLE ADDRESS:	other than o	wner):				
BONDING COMPANY'S NAME	<b></b>					
BONDING COMPANY ADDRES						
MORTGAGE LENDER'S NAME						
MORTGAGE LENDER'S ADDRI						
WONTGAGE LENDER 3 ADDRI	LJJ.					
ARCHITECT/ENGINEER:				PHONE:		
E-MAIL ADDRESS:		FAX No.:				
MAILING ADDRESS:						
DESCRIPTION OF WORK:						
VALUE OF CONSTRUCTION:	\$					
OCCUPANCY GROUP:	C	ONSTRUCTION TYPE:		FLOOR AREA:		
CONTRACTOR INFORMATION						
COMPANY NAME:			PHONE:			
E-MAIL ADDRESS:				FAX No:		
MAILING ADDRESS:				<del>-</del>		
QUALIFIER'S NAME:		STATE LICE	NSE No.:			
COMPETENCY CARD No.:						

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SUB-CONTRACTOR INFORMATION				
ELECTRICAL COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
PLUMBING COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
HVAC COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
GAS COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
ROOFING COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
LOW VOLT. COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
IRRIGATION COMPANY NAME:	PHONE:			
LICENSE HOLDER:	STATE LIC. No.:			
OWNER AFFIDAVIT: I certify that all the foregoing information applicable laws regulating construction and zoning.  WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.  OWNER'S / AGENT'S SIGNATURE:	COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR			
x	V			
STATE OF FLORIDA	STATE OF FLORIDA			
COUNTY OF ORANGE	COUNTY OF ORANGE			
The forgoing instrument was acknowledged before me on this day of 201, by who is personally known to me, or has produced as identification and who did not take an oath.	The forgoing instrument was acknowledged before me on this day of 201, by who is personally known to me, or has produced as identification and who did not take an oath.			
Signature of NOTARY PUBLIC	Signature of NOTARY PUBLIC			
SEAL	SEAL			

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APPLICATION APPROVED BY: \_\_\_\_\_DATE: \_\_\_\_\_