

1900 Hotel Plaza Blvd., Lake Buena Vista, FL 32830 \* (407) 828-2034 \* (407) 828-4466/IVR \* (407) 828-2416/Fax \* Permitting@oversightdistrict.org

## **APPLICATION FOR PERMIT**

🗆 New Permit	□ Amendment/Permit # □ Renew Expired Permit # □ Change of Contractor Permit #			Master Permit# Master Plan#	
Select only <u>one</u> of t		List only one building or ad	dress per application)	і :	
	□ Building (BD) □ Gas (GS) □ Project Mgmt. (PM)	GS)		□ Fire Sprinkler (F MF) □ Mechanical (ME SP) □ U/G Fuel Tank	(MD)
	ent Power	TP Gas	TP Plmb.	In Date/Time:	Out Date/Time:
Permits Only:  Sho	ow Power	re TP Mechanical	TP Other	/	/
Description of work/	installation:				
Contact Name:				Date:	
Project Name:					
Project Address:			City:	County:	
Valuation based on c	contract/letter of intent: (Inc	lude cost of all equipment & ow	vner furnished items.)	\$	
Owner / Operating P	articipant (OP) Name:			Phone:	
Address:		City:		State:	Zip:
				Phone:	
Address:					Zip:
Contractor's Florida					
Architect/Engineer N					
Address:					Zip:
prior to the issuance of a of a permit does not press be secured for electrical escalators and transportin <b>CONTRACTOR'S &amp; C</b>	permit and that all work and ir ume to give authority to violat work, fire protection, plumbi ng assemblies, gas, sprinkler, r DWNER'S / OPERATING P	astallations will be performed to e the provisions of any other app ng, signs, wells, pools, furnaces oofing, show/ride installations,	meet the standards of all blicable state or local cod s, boilers, heaters, tanks, and other work and insta f: I certify that all the for	laws regulating construction es and/or ordinances. I under , air conditioners, heating a allations as may be required regoing information is accur	ork or installation has commenced n in this jurisdiction. The granting erstand that a separate permit must nd ventilating systems, elevators, rate and true and that all work and
Signature of Owner / Operating Participant			Signature of Contractor		
State of Florida, (			State of Florida,		
this day	and subscribed before me	20		and subscribed before me day of	
	Produced Identification			Produced Identification	on
Notary as to Owner	· / OP·	Type of Identification	Notary as to Contr	actor	Type of Identification
Notary as to Owner / OP:			Tiotal y as to Collu	actor .	Signature

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**Notary Stamp Here** 

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.

Rev 2025/02