

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  Select only <i>one</i> of t	☐ Amendment/Permit # ☐ Renew Expired Permit # ☐ Change of Contractor Permit # of the following permit types (List only one building or address per a			Master Permit# Master Plan#		
☐ Alarm (AF) ☐ Flame Effects (FE) ☐ Plumbing (PL)	☐ Building (BD) ☐ Gas (GS) ☐ Project Mgmt. (PM)	☐ Electrical (EL) ☐ Kitchen Sys. (KS) ☐ Ride (BR) ☐ Sign (SN)	☐ Elevator (EV) ☐ Manuf. Building (MF) ☐ Swimming Pool (SP)		☐ Fire Sprinkler (FS☐ Mechanical (ME)☐ U/G Fuel Tank (F	☐ Move/Demo (MD)
Temporary ☐ Evermits Only: ☐ She	ent Power		TP Plmb. TP Other	In	Date/Time:	Out Date/Time:
Description of work	installation:					
Contact Name:					Date:	
Project Name:						
Project Address: _			City:		County:	
Valuation based on o	contract/letter of intent: (In	clude cost of all equipment & ow	ner furnished item	ıs.)	\$	
Owner / Operating P	articipant (OP) Name:				Phone:	
						Zip:
Contractor's Compa	ny Name:				Phone:	
Address:					State:	Zip:
Contractor's Florida	License #:		(	County Co	mpetency #:	
Architect/Engineer N						
Address:		City:			State:	Zip:
prior to the issuance of a of a permit does not presse secured for electrical escalators and transportice CONTRACTOR'S & (	permit and that all work and i ume to give authority to viola work, fire protection, plumb ng assemblies, gas, sprinkler, DWNER'S / OPERATING I	nstallations will be performed to e the provisions of any other app ng, signs, wells, pools, furnaces roofing, show/ride installations,	meet the standards licable state or loc , boilers, heaters, and other work and : I certify that all t	of all laws in all codes and tanks, air code installation the foregoin	regulating construction for ordinances. I under onditioners, heating an as as may be required. g information is accura	k or installation has commenced in this jurisdiction. The granting stand that a separate permit must d ventilating systems, elevators, ite and true and that all work and
Signature of Owner / Operating Participant			Signature of Contractor			
State of Florida, County of Sworn to (or affirmed) and subscribed before me			State of Florida, County of Sworn to (or affirmed) and subscribed before me this day of 20			
this day  Personally Known	□ Produced Identification	Type of Identification			Produced Identification	
Notary as to Owner / OP:			Notary as to C	Contractor	:	
	S	ignature				Signature

**Notary Stamp Here** 

**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 2025/01