

## **Electrical Permit Application**

\*For digital plans review, please email this application to digitalpermits@orlando.gov Projects utilizing Private Provider require submittal and application via our Private Provider application service page. Related Building Permit # (if applicable): Job Site Address, Parcel ID # or Legal Description: Owner Name, Address, Phone: \*Digital Plans Applicant Name: \_\_\_\_\_\_ \*Company: \_\_\_\_\_ \_\_\_\_\_ License #: \_\_\_ Contractor Name<sup>1</sup>: \_\_\_\_\_ Contractor Company Name<sup>1</sup>, Address: 1Current license and insurance information must be registered with Permitting Services or provided with this application. Job/Project Name: \_\_\_\_\_ Primary Contact: For Contractor and Primary Contact, do we have current Phone #, FAX # and email address?\_\_\_\_\_ \*Work Description: Orlando Utilities Commission **Electric Utility**: **Duke Energy** \*\*\*\*\* If power is required to be released, please complete the service type section below: **SERVICE TYPE** Phase<sup>3</sup> Description<sup>4</sup> # of Amps # of Meters<sup>5</sup> <sup>3</sup>Single <sup>4</sup>New Service, Temporary Service/Pole <sup>5</sup>Multiple meters require address assignment for each meter. Indicate additional meter addresses in the work description above. New addresses or an increase in # of meters will be subject to Engineering/Zoning review for allowable number of residential units. **GENERAL** Type of Work (subtype—select one): Repair<sup>2</sup> Addition Alteration Change of Service Solar New Low Voltage (security alarm systems also require the Low Voltage Security Alarm Form) Swimming Pool Temporary Service/Pole Only(may be included in New - Residential 1 or 2 Units Safety Check

ECONOMIC DEVELOPMENT • PERMITTING SERVICES

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Rewiring one or more rooms, or opening walls requires compliance with current code for the affected location(s).

<sup>2</sup>For restoring existing equipment and materials with new equipment and materials in the same location.

	<u>F</u>	<u>IXTURES</u>		
Quantity of receptacles	— Quantity of light f	ixtures	Quantity of light	switches
Quantity of phone outlets	Quantity of data of	outlets	Quantity of TV or	utlets
Plan Review Type:	Commercial	Reside	ntial 1 or 2 units	Residential 3 or more units
Related to Code Enforcement A	ction? (Y/N)	Estimated	Construction Cost: \$	
Note: Owner furnished equipme estimated cost of this job is gre- recorded Notice of Commencen inspection. A Notice of Commer	ater than \$2,500 and I	not related to n Permitting S	a Building Permit, a c ervices prior to sched	certified copy of the duling your first
I hereby acknowledge that I hav agree to conform to all City Ordi equipment.	= =			
Owner/ Contractor / Agent Signature:			Date:	
Print Name:			_	
	al" inspections. All Res	sidential projens". REQUIRED O	cts must be schedule	ed
Owner Signature:				
Print Name:		_(Owner)	Date:	
(Owner)				
STATE OF FLORIDA COUNTY OF				
SWORN to and subscribed freel	, known to me to b	e the person	described in and who	executed
the foregoing. He/she is person (type of identification) as identification with WITNESS my hand and official services	fication.			
Notary Public Signature	<u> </u>			
Print Name:				
My Commission Ends:				

OWNER'S ELECTRONIC SUBMISSION STATEMENT:

Under penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

For plan review status, inspection scheduling/results and other permitting information, please call "PROMPT", our Interactive Voice Response system at 407.246.4444 or visit online at orlando.gov/permits.