

# Fire Permit Application

\*For digital submittal, please email this application to [digitalpermits@orlando.gov](mailto:digitalpermits@orlando.gov)

**\*Required Field**

Date: \_\_\_\_\_ Related Building Permit # (if applicable): \_\_\_\_\_

\*Job Site Address, Parcel ID # and Legal Description: \_\_\_\_\_

Owner Name, Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Contractor Name<sup>1</sup>: \_\_\_\_\_ Lic #: \_\_\_\_\_

\*Contractor Company Name<sup>1</sup>, Address: \_\_\_\_\_

<sup>1</sup>Current license and insurance information must be registered with Permitting Services or provided with this application. \_\_\_\_\_

\*Digital Plans Applicant Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Email: \_\_\_\_\_

Check this box if small job (10 components or less on existing system)

\*Work Description: \_\_\_\_\_

\*Type of work (subtype - select one):

**GENERAL**

Fire Alarm	Fire Suppression	Tank Removal	Tank Installation	Other (specify in description above)
DAS/BDA	Fire Alarm 20 or less		Sq. Ft. of Property: _____	

Estimated construction costs: \$ \_\_\_\_\_

**Note: Owner furnished equipment and materials must be included in Estimated Construction Cost. If the estimated cost of this job is greater than \$5,000 and not related to a Building Permit, a certified copy of the recorded Notice of Commencement must be filed with Permitting Services prior to scheduling your first inspection. FS 713.135(d).**

**FIRE SUPPRESSION**

Fire Suppression Type:

Clean Agents	Dry/Wet Chemical	Sprinkler/Standpipe	Underground Main
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N/A

# of Hydrants: \_\_\_\_\_ # of Pumps: \_\_\_\_\_ # of Sprinklers: \_\_\_\_\_

**TANKS**

Flammable Liquid Storage Tanks	Aboveground Qty: _____	Underground Qty: _____
Compressed Gas Tanks	Aboveground Qty: _____	Underground Qty: _____

I hereby acknowledge that I have read this application and state that the above information is correct. I also agree to conform to all City Ordinances and State Statutes regulating the use and construction of structures and the work described; and that I am the owner or authorized to act as the owner's agent for the work described.

Owner/Contractor/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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.

**NOTARIZED OWNER SIGNATURE REQUIRED ONLY IF THIS WORK IS NOT PART OF A PROJECT WITH AN ISSUED BUILDING PERMIT.**

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ (Owner)

(Owner)

STATE OF FLORIDA

COUNTY OF

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification. WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

Notary Public Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**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.**

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