



Low Voltage Security Alarm Application

Date: _____

*Contractor Name¹, Address: _____ Lic #: _____

*Contractor Company Name¹, Address: _____

*¹Current license and insurance information must be registered with Permitting Services or provided with this application.

Primary Contact: _____ License Number: _____

For Contractor and Primary Contact, do we have a current phone #, fax or email address? _____

Work Description: _____

GENERAL

Type of work:

Low voltage security alarm

Quantity: _____

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 regulating the installation of electrical wiring, fixtures, apparatus and equipment.

Owner/Contractor/Agent Signature: _____ Date: _____

Print Name: _____

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 20 ____.

Notary Public Signature: _____

Print Name: _____

My Commission Expires: _____

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.