

# Electrical Permit Application

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

Projects utilizing Private Provider require submittal and application via our [Private Provider application service page](#).

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

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

Job/Project Name: \_\_\_\_\_

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

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

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

Contractor Name: \_\_\_\_\_ License #: \_\_\_\_\_

Contractor Company Name, Address: \_\_\_\_\_

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

Electric Utility: Orlando Utilities Commission Duke Energy

\*\*\*\*\* If power is required to be released, please complete the service type section below:

**SERVICE TYPE**

Phase <sup>3</sup> (Single)	# of Amps	Description <sup>4</sup> (New Service, Temporary Service/Pole)	# of Meters <sup>5</sup>
_____	_____	_____	_____
_____	_____	_____	_____

<sup>5</sup>Multiple meters require address assignment for each meter. Indicate 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.

**TYPE OF WORK (subtype—select one):**

- Addition
Alteration
Change of Service
New
Repair<sup>2</sup>
Solar
- Low Voltage (**security alarm systems also require the Low Voltage Security Alarm Form**)
- Safety Check
Swimming Pool
Temporary Service/Pole Only(may be included in New - Residential 1 or 2 Units)
- EV Charging Station: # of Stations: \_\_\_\_\_ Type of System: Level I Level II Level III

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.

Plan review type: Commercial Residential 1 or 2 units Residential 3 or more units  
 \_\_\_\_\_ Sq. feet\* \_\_\_\_\_ # of units

Related to Code Enforcement Action? (Y/N) \_\_\_\_\_ \*Estimated Construction Cost: \$ \_\_\_\_\_

**FIXTURES**

Quantity of receptacles \_\_\_\_\_ Quantity of light fixtures \_\_\_\_\_ Quantity of light switches \_\_\_\_\_

Quantity of phone outlets \_\_\_\_\_ Quantity of data outlets \_\_\_\_\_ Quantity of TV outlets \_\_\_\_\_

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. A Notice of Commencement is not required for Temporary Service/ Pole. FS 713.135(d).

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: \_\_\_\_\_

**All Commercial electrical permits associated to the project must be scheduled for the same day as "above ceiling" and "final" inspections. All Residential projects must be scheduled for the same day as "rough-in" and "final" inspections".**

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

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

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

(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 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.