

Fire Permit Application

*Email this application to digitalpermits@orlando.gov

Date: _____ ***Required Field**

Related Building Permit # (if applicable): _____

*Job Site Address, Parcel ID #: _____

Project Name: _____

Owner Name: _____ Address: _____

*Contractor Name: _____ Lic #: _____

*Contractor Company Name: _____ Phone: _____

* Must be [registered](#) as a contractor with Permitting Services.

*Digital Plans Applicant Name: _____ Phone: _____

*Email: _____

*Work Description: _____

GENERAL

Fire Alarm New	Fire Suppression - clean agents	Fire Suppression - new sprinkler/standpipe	DAS/BDA
Fire Alarm Alteration Following FLS 553.7932	Fire Suppression - underground main Fire Suppression - wet/dry chemical	Fire Suppression Alteration - sprinkler/standpipe Following FLS 553.7932	Tank Installation

# of hydrants: _____	Flammable Liquid Storage Tanks	Compressed Gas Tanks
# of pumps: _____	Above ground qty: _____	Above ground qty: _____
*Estimated construction cost: \$ _____	Underground qty: _____	Underground qty: _____

*Sq. ft. of property: _____

Plan Review Type:	Residential 1/2	Residential 3 or more	Commercial
# of units: _____			

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).

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: _____