

CITY OF OVIEDO

Building Services ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5755

BUILDING PERMIT APPLICATION

TAX ID # (COMPLETE PARCEL ID #)		SUBDIVISION
JOB ADDRESS		
OWNER'S NAME	PHONE #	FAX #
OWNER'S ADDRESS		EMAIL
FEE SIMPLE TITLE HOLDER (IF OTHER THAN OWNER)	PHONE #	FAX #
FEE SIMPLE TITLE HOLDER ADDRESS		EMAIL
CONTRACTOR NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
ARCHITECT OR ENGINEER NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
MORTGAGE LENDER NAME	PHONE #	FAX #
ADDRESS		EMAIL
BONDING COMPANY	PHONE #	FAX #
ADDRESS		EMAIL

TYPE OF WORK: NEW ADDITON ALTERATION REPAIR MOVE DEMOLITION CHANGE OF USE

DESCRIPTION OF WORK:

VALUATION: \$

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for MECHANICAL, ELECTRICAL, PLUMBING, FUEL GAS, FIRE ALARM, FIRE SUPPRESSION, SIGNS, WELLS, IRRIGATION, POOLS, BOILERS, TANKS, ACCESSORY STRUCTURES, etc.

OWNER'S/CONTRACTOR'S AFFIDAVIT: I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

<p>Signature of Owner / Agent (including contractor) _____ Date _____</p> <p>Printed Name of Owner / Agent _____</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is <input type="checkbox"/> Personally Known to me or has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did take an oath.</p> <p>(SEAL)</p> <p>Signature of Notary Public _____ State of Florida</p> <p>Print/Type/Stamp Name _____ of Notary Public</p>	<p>Signature of Contractor _____ Date _____</p> <p>Printed Name of Contractor _____</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____, who is <input type="checkbox"/> Personally Known to me or has <input type="checkbox"/> Produced (type of identification) _____ as identification and who did take an oath.</p> <p>(SEAL)</p> <p>Signature of Notary Public _____ State of Florida</p> <p>Print/Type/Stamp Name _____ of Notary Public</p>
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FBC 105.3 Shall be inscribed with the date of application and the code in effect as of that date (Code 7th Edition (2020) FBC) 713.135 (5)(6) Florida Statutes