

**CITY OF OVIEDO**  
**as Contracted with PDCS, LLC**  
Building Services ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5755  
**ELECTRIC PERMIT APPLICATION**  
**“T-POLE”**

DATE: \_\_\_\_\_

OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

LOT NO. \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

Class of Building:     Existing         New Construction

Type of Building:     Residential     Commercial     Other

<b>Base Permit Fee</b>	<b>\$25.00</b>
Service Amperage Rating (new & upgrade only) _____ x <b>\$0.20</b> = \$ _____	Permit Fee \$ _____
State DBPR Fee (1% of permit fee, minimum \$2.00) _____ x <b>\$0.01</b> = \$ _____	
State DBPR Fee (1.5% of permit fee, minimum \$2.00) _____ x <b>\$0.015</b> = \$ _____	
<b>TOTAL PERMIT FEE</b>	<b>\$ _____</b>

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

License Holder: \_\_\_\_\_

License No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Email: \_\_\_\_\_ Fax No. \_\_\_\_\_

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.

**OWNER'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.

FBC 105.3 Shall be inscribed with the date of application and the code in effect as of that date (Code 6<sup>th</sup> Edition (2017) FBC) 713.135 (5)(6) Florida Statutes

\_\_\_\_\_  
Signature of Owner / Agent Date

\_\_\_\_\_  
Printed Name of Owner / Agent

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_, who is  Personally Known to me or has  Produced (type of identification) \_\_\_\_\_ as identification and who did take an oath.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public  
State of Florida

\_\_\_\_\_  
Print/Type/Stamp Name  
of Notary Public

\_\_\_\_\_  
Signature of Contractor Date

\_\_\_\_\_  
Printed Name of Contractor

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_, who is  Personally Known to me or has  Produced (type of identification) \_\_\_\_\_ as identification and who did take an oath.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public  
State of Florida

\_\_\_\_\_  
Print/Type/Stamp Name  
of Notary Public

**BELOW – FOR OFFICE USE ONLY**

APPLICATION ACCEPTED BY / DATE

PLANS CHECKED BY

APPROVED FOR ISSUE BY / DATE

**T-POLE SUBMITTAL GUIDELINES**

**A T-POLE MUST HAVE ITS OWN PERMIT AND CANNOT BE INCLUDED AS A SUB-PERMIT UNDER AN EXISTING BUILDING PERMIT**

All permit applications must be complete prior to acceptance. A complete application shall include the following:

- Electrical “T-Pole” Permit Application completed and signed. Application must include correct address and lot number.
- Permit Application **must** be signed by the owner of the property **AND** the licensed contractor.
- Proof of Worker’s Compensation or Exempt Card is required to be submitted with every permit application.
- Proof of General Liability Insurance is required to be submitted with every permit application.

Please contact the Building Department at 407-971-5755 with any questions.