

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

**\*\* This form is for a sub-permit only \*\***

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

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

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

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

**Class of Building:**  Existing  New Construction

**Type of Building:**  Residential  Commercial  Other

**Type of Work:**  New  Addition  Alteration  Repair

	# of Units	Unit Cost	Total		# of Units	Unit Cost	Total
Bath Tubs		x \$3.00 =		Sinks		x \$3.00 =	
Drinking Fountain		x \$3.00 =		Solar Piping		x \$3.00 =	
Disposal		x \$3.00 =		Soda Fountains		x \$3.00 =	
Dishwasher		x \$3.00 =		Urinals		x \$3.00 =	
Floor Drains		x \$3.00 =		Vacuum Breakers		x \$3.00 =	
Sewer Connection		x \$3.00 =		Washing Machines		x \$3.00 =	
Ice Maker		x \$3.00 =		Water Closets		x \$3.00 =	
Laundry Tubs		x \$3.00 =		Water Heaters		x \$3.00 =	
Lavatories		x \$3.00 =		Water Piping		x \$3.00 =	
Pool Piping		x \$3.00 =		Water Softener		x \$3.00 =	
Showers		x \$3.00 =					

**Total Unit Cost** \$ \_\_\_\_\_ + **Base Permit Fee** \$ 25.00 = **Permit Fee** \$ \_\_\_\_\_

**State Fee (3% of Permit Fee, minimum \$4.00)** \_\_\_\_\_ x \$0.03 = \$ \_\_\_\_\_

**Total Permit Fee** \$ \_\_\_\_\_

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.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**License No.** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Contractor**

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