CITY OF OVIEDO

Water Conservation ▪ 400 Alexandria Blvd ▪ Oviedo, FL 32765 ▪ 407-971-5691

LANDSCAPE AND IRRIGATION PERMIT

TAX ID # (COMPLETE PARCEL ID #)		
JOB ADDRESS		**SUBDIVISION**
OWNER'S NAME	**PHONE #**	**FAX #**
OWNER'S ADDRESS		**EMAIL**
CONTRACTOR NAME	**PHONE #**	**FAX #**
ADDRESS	**LICENSE #**	**EMAIL**
ARCHITECT OR ENGINEER NAME	**PHONE #**	
ADDRESS	**LICENSE #**	**EMAIL**

TYPE OF WORK: (MUST CHECK ONE): ☐ **NEW RESIDENTIAL / COMMERCIAL $150.00 PERMIT FEE** ☐ **EXISTING RESIDENTIAL / COMMERCIAL $75.00 PERMIT FEE**

WATER SOURCE: (MUST CHECK ONE): ☐ **POTABLE** ☐ **RECLAIM** ☐ **ALTERNATIVE** ☐ **PRIVATE WELL**

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.

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.

Signature of Owner / Agent (including contractor) 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	# OF PLANS SUBMITTED	APPROVED FOR ISSUE BY / DATE	PERMIT FEE

SPECIAL APPROVALS	Approved By	Corrections Needed	Denied By	Date	SPECIAL APPROVALS	Approved By	Corrections Needed	Denied By	Date
Water Conservation					Engineering				
Electrical					Zoning				

☐ **Irrigation Rough Inspection** ☐ **Irrigation Final Inspection** ☐ **Landscape Final Inspection**