

CITY OF OVIEDO

as Contracted with PDCS, LLC

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

PLUMBING PERMIT APPLICATION "GAS"

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 | Valuation of work: \$ _____

Fuel Type: _____ Supply Source: _____

Description of work: _____

	No. of Units	Unit Cost	Total	+ Base Permit Fee	PERMIT FEE
Gas Piping		x \$3.00 =	\$	+ \$25.00 =	\$
State Fee (3% of permit fee, minimum \$4.00)				x \$0.03 =	\$
TOTAL PERMIT FEE					\$

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 5th Edition (2014) FBC) 713.135 (5)(6) Florida Statutes

Signature of Owner / Agent _____ Date _____

Signature of Contractor _____ Date _____

Printed Name of Owner / Agent _____

Printed Name of Contractor _____

STATE OF FLORIDA COUNTY OF _____

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.

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)

(SEAL)

Signature of Notary Public
State of Florida

Signature of Notary Public
State of Florida

Print/Type/Stamp Name
of Notary Public

Print/Type/Stamp Name
of Notary Public

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BELOW – FOR OFFICE USE ONLY

VALUATION OF COMPLETED WORK	PLAN REVIEW FEE	PERMIT FEE	STATE FEE
SPECIAL CONDITIONS BLDG:		SPECIAL CONDITIONS OTHER:	

APPLICATION ACCEPTED BY / DATE	PLANS CHECKED BY	APPROVED FOR ISSUE BY / DATE

SPECIAL APPROVALS	APPROVED BY	DENIED BY	DATE
BUILDING			

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