

CITY OF OVIEDO

as Contracted with PDCS, LLC

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

POOL / SPA / HOT TUB PERMIT APPLICATION

TAX ID # (COMPLETE PARCEL ID #)

JOB ADDRESS

SUBDIVISION

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

IN GROUND POOL

ABOVE GROUND POOL

IN GROUND SPA ONLY

ABOVE GROUND SPA

SOLAR

HEATER

SIZE: _____

SIZE: _____

SIZE: _____

SIZE: _____

YES NO

YES NO

DESCRIPTION OF WORK:

VALUATION OF WORK:

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 ELECTRICAL WORK AND MAY BE REQUIRED FOR PLUMBING WORK.

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

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

THIS PAGE – FOR OFFICE USE ONLY			
VALUATION OF COMPLETED WORK	PLAN REVIEW FEE	PERMIT FEE	STATE FEE

APPLICATION ACCEPTED BY / DATE	# OF PLANS SUBMITTED	APPROVED FOR ISSUE BY / DATE

SPECIAL APPROVALS	APPROVED BY	CORRECTIONS NEEDED	DENIED BY	DATE
BUILDING				
ELECTRICAL (COMM ONLY)				
ENGINEERING (COMM ONLY)				
ZONING				
OTHER (SPECIFY)				

** As of October 1, 2010, Florida Statutes 553.721 and 468.631 require that a State Fee be charged for every permit issued. This fee will be added to the permit fee. This State Fee is calculated as noted below:
The Total of the Permit Fee + Plan Review Fee multiplied by 3% (or 0.03) = State Fee
The Minimum State Fee is \$4.00

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