

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 DCA Fee (1% of Permit Fee, minimum \$2.00) _____ x \$0.01 = \$ _____

State DBPR Fee (1.5% of Permit Fee, minimum \$2.00) _____ x \$0.015 = \$ _____

Total Permit Fee \$ _____

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

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