

# 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

<b>VALUATION OF COMPLETED WORK</b> \$	<b>PERMIT FEE</b> \$	<b>PLAN REVIEW FEE</b> \$	<b>STATE DCA FEE</b> (1% of permit fees min \$2) \$	<b>STATE DBPR FEE</b> (1.5% of permit fees min \$2) \$
--	-------------------------	------------------------------	---	--


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

SPECIAL APPROVALS	APPROVED BY	CORRECTIONS NEEDED	DENIED BY	DATE
<b>BUILDING</b>				
<b>ENGINEERING (COMM ONLY)</b>				
<b>DEV REV/ZONING</b>				
<b>OTHER (SPECIFY)</b>				

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