

# CITY OF OVIEDO

400 Alexandria Blvd ▪ Oviedo, FL 32765

## RIGHT-OF-WAY

### UTILIZATION TYPE I PERMIT APPLICATION FOR NEW RESIDENTIAL CONSTRUCTION

TAX ID # (COMPLETE PARCEL ID #)		
JOB ADDRESS		SUBDIVISION
OWNER'S NAME	PHONE #	FAX #
OWNER'S ADDRESS		EMAIL
CONTRACTOR NAME	PHONE #	FAX #
ADDRESS	LICENSE #	EMAIL
DESCRIPTION OF WORK		

**PERMIT FEE: \$60.00 (Resolution Number 1583.07)**

**Application is hereby made to obtain a permit to do the work and installations as indicated. I swear or affirm that all the foregoing information is accurate and that all work shall be done in compliance with the City of Oviedo Land Development Code and Engineering Standards Manual.**

\_\_\_\_\_  
**Signature of Contractor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Contractor**