



### Laser Display Permit Application Process


With the recent upgrade to our Mobile Eyes system we would like to direct all Laser Display/Exhibit permit applicants to create an account and upload their application and plans through the Contractor Permit Portal. The permit application, fee schedule and information for our online payment portal are available in the documents library for your use and below is the direct link where you can create an account.

[http://www.mobile-eyes.com/PA\\_index.asp](http://www.mobile-eyes.com/PA_index.asp)

#### **STEP 1:**

You must select Orange County Fire Rescue in the City/Dept: drop down box.

#### **STEP 2:**

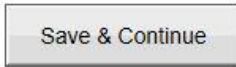
Once you click on  (Apply for a Permit) search for the address of the location where the display will be held: (LESS IS MORE WITH THIS PROGRAM: Start with just the numerical part of the address)



### STEP 3:

**NO NEED TO UPDATE THE PROPERTY OWNER INFO**

- Just click



### STEP 4:

Please be sure to select from the **EXISTING** Occupant List the correct occupant will be based on your Event type and year: (Example: 2023 Laser Effect)

| Structure           | Occupant          | Suite | Comm/Res   |
|---------------------|-------------------|-------|--|
| Rosen Shingle Creek | 2022 Tradeshow    |       | Other <input type="button" value="Select"/>      |
| Rosen Shingle Creek | 2022 Tradeshow    |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Laser Effect |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Laser Effect |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Open Flame   |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Open Flame   |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Pyrotechnics |       | Commercial <input type="button" value="Select"/> |
| Rosen Shingle Creek | 2023 Pyrotechnics |       | Commercial <input type="button" value="Select"/> |

### STEP 5:

When the pop up box ask Does... 2023 Laser Effect ...still occupy this space/suite?

click **YES**



## STEP 6:

**Job Type:** will be Fire Prevention Permits

**Job Description:** Enter the Event name as well as the date and time of the Event  
**Square Feet:** 0 (Zero)  
**Project Cost:** 0 (Zero)

**MhilaFvac** New Permit application - Step 4 (Job Setup)

1. Address 2. Property Owner 3. Occupant 4. Job Setup 5. Review/Print/Submit

• Job Type: Fire Prevention Permits

• Job Description:  1,000 character limit.

• Square Feet:  If sq. ft. does not apply, enter 0

• Project Cost: \$

Contractor Comments:  This field is for communicating with the city/municipality during the application process. It is discarded once the application is accepted. If you want information to remain with the final job, add it into the job description instead.

• Field is required

Save & Continue Select Occupant Main Menu

## STEP 7:

### Upload:

- Completed Application
- Payment confirmation email
- Plans
- Any other supporting documents.

### Upload Files:

All submittals require a completed application, payment confirmation email, plans and all other supporting documentation.

Browse...

Each file must be less than 2 GB File over 2GB? Try [compress.smallpdf.com](https://compress.smallpdf.com)

-no uploaded files-

**A complete set of plans is required for submittal.**

**At least one attachment required.**

Your application is saved. Click Main Menu if you do not want to submit it yet.

Submit Application Main Menu Delete

Print Preview



**ORANGE COUNTY FIRE RESCUE DEPARTMENT**  
**OFFICE OF THE FIRE MARSHAL – 7079 University Blvd. Winter Park, Florida 32792**  
**Office: (407) 836-0004 Fax: (407) 836-8310**



Date: \_\_\_\_\_

Fire Dept. Permit #: \_\_\_\_\_

(Fire Dept. Office Use Only)

**Permit Application for Laser Display/Exhibit**

(Permit Fee of \$105.00 is not refundable)

(Applicant will Upload a Sets of Plans [Include Site and/or Floor Plans] and Product Submittal Data Sheets With This Application)

**Applications must be submitted 21 days prior to the show or an Expedited Plans Review fee of \$261.00 will be charged.**

|   |   |                                |
|---|---|--------------------------------|
| Type of Laser (check one)                 |   |                                |
| Laser Light Show <input type="checkbox"/> | Medical - Class IIIB and above <input type="checkbox"/> | Other <input type="checkbox"/> |

|               |               |
|---------------|---------------|
| Show Name:    |               |
| Show Address: |               |
| Booth #       | Exhibit Name: |

|                   |        |        |
|-------------------|--------|--------|
| Business Name:    |        |        |
| Business Address: |        |        |
| Telephone #:      | Fax #: | Email: |

|   |                                    |        |
|---|------------------------------------|--------|
| Operator or On Site Safety Officer's Name:      |                                    | Email: |
| Permanent Address:                              |                                    |        |
| Telephone #:                                    |                                    | Fax #: |
| Laser Manufacturer and Model #:                 |                                    |        |
| Accession # or FDA #                            | Federal License # (if applicable): |        |
| Bond/Certificate of Insurance in the amount of: |                                    |        |

|                                     |              |
|-------------------------------------|--------------|
| Starting Date:                      | Ending Date: |
| (PER AUTHORITY HAVING JURISDICTION) |              |

|   |  |
|---|--|
| Conditions of Permit  |  |
| <p>The use of lasers is permitted on OCCC premises, with prior approval from the Fire Marshal, provided Lessee or exhibitor provides detailed information to OCFRD for review and adheres to the following conditions:</p> <ol style="list-style-type: none"> <li>1. The applicant shall have a site inspection and approval by the Orange County Fire Rescue Department prior to conducting an event.</li> <li>2. Lasers must comply with <i>Florida Administrative Code Chapter 64E-4 Control of Nonionizing Radiation Hazards</i>, NFPA 115 – <i>Standard for Laser Fire Protection</i>, and Florida Department of Health, State Bureau of Radiation regulations.</li> <li>3. All lasers must be registered with the Florida Department of Health, State Bureau of Radiation. A separate registration is required for each location of intended use. Out of State lasers brought into the state for temporary use require notification to the Florida Department of Health, State Bureau of Radiation.</li> <li>4. The Laser Safety Officer must establish and supervise a program of laser radiation safety for compliance with all applicable rules.</li> <li>5. Laser system users and staff must be trained on fire safety features prior to the lasers fist use and at least annually thereafter.</li> <li>6. Staff members must be trained in the use of portable fire extinguishers.</li> <li>7. All training must be documented and available for review.</li> <li>8. For open air shows where a laser beam is projected into the sky, requestor must submit basic beam information of intended laser use and a copy of the notification provided to the Federal Aviation Administration.</li> </ol> |  |

**I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statues, county ordinances, federal, state, and local regulations. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold the County harmless against all liability, including court costs and attorney fees, for any and**



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**all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant’s representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.**

**Notice:**

**The name of the person signing, along with their title, is to be typed immediately below the signature line.**

**Signature:**

**Name (Printed or Typed):**

**Title (Printed or Typed):**

-----  
Office of the Fire Marshal Use Only

Clearances: (May be obtained by phone)

Fire Department:  Approved     Disapproved

|  |              |
|--|--------------|
| <b>Fire Official’s Representative:</b> | <b>Date:</b> |
| <b>Reviewer’s Comments:</b>            |              |
|  |              |
|  |              |
|  |              |



# Orange County Fire Rescue Department Checklist for a Laser Display

(Laser Display/Exhibit)

Office of the Fire Marshal - 7079 University Blvd. Winter Park, FL 32792

Phone: 407-836-0004 Fax: 407-836-8310

For **A Laser Display/Exhibit Permit** the following must be provided:

1. Complete application form
2. Fire watch request letter (on the venue's letterhead)
3. Permission letter from the venue
4. Payment receipt for the required fees
  - a. Application fee, \$105
  - b. Late fee / expedited review fee, \$261 – (If applicable)
5. Narrative of the event including
  - a. Sketch showing the location of: the laser, operators, performers, viewers, beam paths, viewing screens, walls, mirror balls, and other reflective/diffuse surfaces which may be struck by laser beams, scanning beam patterns scanning velocity and frequency in occupied areas and where beam strikes wall or other structure, radiometric measurement data including output power and location of all measurements
  - b. Class of laser
6. Site plan for the event including the location of the audience and elevation view
7. Product list & MSDS (Material Safety Data Sheets)
8. Supplemental fire protection features and emergency response procedures
9. Proof of insurance
10. Laser License from the FL Health Department





**\*Now Available\***

## **E-Bill Express from Orange County Fire Rescue!**

Below is the website for our new Payment Portal for all payments. Please submit the **email confirmation** (example attached) of payment along with your permit application.

Next to the **Payment Type** click on the symbol with the box and pencil to add your Show Name and Event date.

|   |   |  |   |
|---|---|--|---|
| <b>Customer Name or Business Name</b><br><input type="text"/> | <b>Primary Telephone Number</b><br><input type="text"/> <small>Mobile ▾</small> | <b>Payment Amount</b><br>\$ <input type="text"/>   | <b>Payment Type</b><br>Select C ▾  |
| <b>First Name</b><br><input type="text"/> (optional)          | <b>Primary Email Address</b><br><input type="text"/>                            | <b>Payment Method</b><br><input type="text"/> <small>▾</small>   | <small>▾</small>  |
| <b>Middle Name</b><br><input type="text"/> (optional)         |   | <b>Pay Date</b><br>4/24/2017  |   |
| <b>Last Name</b><br><input type="text"/> (optional)           |   | <b>Invoice Number (if applicable)</b><br><input type="text"/> (optional)   |   |

Payments confirmed before 8:00 PM ET will be debited from your bank account or credit card on the same day. Payments confirmed after 8:00 PM ET will be debited from your bank account or credit card the following business day.

[Continue to Payment](#)

**For your convenience you can make your secure payment**

**ONLINE using a credit card or funds withdrawn directly**

**from your bank account (ACH).**



<https://www.e-billexpress.com/ebpp/OCFRDBillPay/>

**From:** OFMPermits@ocfl.net  
**Sent:** Friday, June 02, 2017 1:00 PM  
**To:** OFMPermits@ocfl.net  
**Subject:** Your one-time Payment to Orange County Fire Rescue Department has been initiated

**From:** [E-BillExpress@E-Billexpress.com](mailto:E-BillExpress@E-Billexpress.com)  
**Date:** June 2, 2017 at 9:42:25 AM EDT  
**To:** [OFMPermits@ocfl.net](mailto:OFMPermits@ocfl.net)  
**Subject:** Your one-time Payment to Orange County Fire Rescue Department has been initiated



**Your One-time Payment to Orange County Fire Rescue Department is being processed.**

Customer Name or Business Name: Orange County  
BCC  
Account Name: Orange County  
BCC  
Payment Account: Visa \*\*\*\*1234  
Payment Amount: \$80.00  
Total Amount: \$80.00  
Creation Date: Friday, June 02, 2017  
Payment Date: Friday, June 02, 2017

**1 Item paid with this One-time Payment**

| Confirmation # | Customer Name or Business Name | Payment Amount | Payment Type          | Additional Information   |
|----------------|--------------------------------|----------------|-----------------------|--------------------------|
| 3008121234     | Orange County BCC              | \$80.00        | 01 - Permitting (OFM) | Show Name and Event Date |

Please DO NOT reply to this email. This email message was sent from a notification address that cannot accept incoming email.

To contact us, [click here](#) and review the Contact Us section on our web site.