



Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550 • Fax 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

09 / 03 / 24

Date

Building Permit Number

APPLICATION FOR PLUMBING PERMIT

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 RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT:

The undersigned hereby applies for a permit to make plumbing installations as indicated below on property.

Project Address: _____

Suite/Unit #: _____ Bldg #: _____ City: Orlando Zip Code: 32808

Subdivision Name: _____

Parcel ID Number: Section ___ Township ___ Range ___ Subdivision ___ Block ___ Lot ___ (15 Digit Parcel Number)

Owner Name: _____ Phone No.: (____) ____ - _____

Owner Address: _____ City: _____ State: ___ Zip Code: _____

Class of Building: Existing New Type of Structure: Residential (028) Commercial (029) Mobile Home (006)

Scope of Work: New (001) Alteration (003) Addition (004) Repair (002)

Date First Inspection Desired: ___ / ___ / ___ or will call

Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.

Table with 6 columns: FIXTURES, QUANTITY, FIXTURES, QUANTITY, FIXTURES, QUANTITY. Includes items like 2nd Meter, Bathtub(s), Dishwasher(s), Disposal(s), Drinking Fountain(s), Floor Drain(s), Irrigation (# of heads), Laundry Tub(s), Lavatories, Pool Piping, Re-pipe only, Service Sink(s), Shower(s), Sink(s), Spa, * Solar, Trailer Connection(s), Urinal(s), Washing Machines, Water Closets (Toilets), Water Heater(s), Water Softener, Misc: * Electrical wiring over 50 volts RMS requires separate electrical permit.

Grease Trap/Interceptor _____ Quantity _____ Size _____ Gal. _____ New Replace Remove Sewer _____ 1 _____ New Water Connection: Yes No New Waste water Connection: Yes No

Total Job Valuation: \$ _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT: (Check one) Owner: Contractor:

Name of License Holder/Agent: Brian R. Luke

Contractor License Number (if applicable): CFC1427530

Contact Phone Number: (321) 663 - 5785 E-Mail Address: _____

Authorized Signature: _____

NOTE: The Building Permit Number is required if the Mechanical Installation is associated with any construction or alteration where a Building Permit has been issued.

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number

Permit Application Information - Page Two

Permit Number _____

Owner's Name _____

Owner's Address _____

Fee Simple Titleholder's Name (If other than owner's) _____

Fee Simple Titleholder's Address (If other than owner's) _____

City _____ State _____ Zip Code _____

Contractor's Name RMS Constructors Group, LLC

Contractor's Address 6996 Piazza Grande Ave., Suite 212

City Orlando State FL Zip Code 32835

Job Name Pine Hills Neighborhood Septic to Sewer Retrofit

Job Address _____ SUITE/UNIT _____

City Orlando State FL Zip Code 32808

Bonding Company Name Endurance Assurance Corporation

Bonding Company Address 4 Manhattantown Road

City Purchase State NY Zip Code 10577

Architect/Engineer's Name Burgess & Nipple, Inc.

Architect/Engineer's Address 1800 Pembroke Drive, Suite 265, Orlando, FL 32810

Mortgage Lender's Name _____

Mortgage Lender's Address _____

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, PLUMBING, GAS, MECHANICAL, ROOFING, SIGNS, POOLS, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. _____

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 recording your Notice of Commencement.

Owner Signature _____

The foregoing instrument was acknowledged before me this ___/___/___

by _____ who is personally known to me

and who produced _____

_____ as identification and who

did not take an oath.

Contractor Signature _____

The foregoing instrument was acknowledged before me this ___/___/___

by _____ who is personally known to me

and who produced _____

_____ as identification and who

did not take an oath.

Notary as to Owner _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Notary as to Contractor _____

Commission No. _____

State of FL. County of _____

My Commission expires: _____

(SEAL)

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.