



City of Belle Isle

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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.

DATE OF APPLICATION: _____ **PERMIT NUMBER** _____

The undersigned hereby applies for a permit to make plumbing installations as indicated below. PLEASE PRINT

Project Address _____, Belle Isle FL ___32809 ___32812

Property Owner _____ Phone _____

Property Owner's Mailing Address _____ City _____

State _____ Zip Code _____ **Parcel Id Number:** _____

To obtain this information, please visit <http://www.ocpaf.org/Searches/ParcelSearch.aspx>

Class of Building: Old New Type of Building: Residential Commercial Other
 Type of Work: New Alteration Addition Repair Type of System: Sewer Septic Re-pipe

YOU MAY BE REQUIRED TO PROVIDE SEPTIC SYSTEM VERIFICATION FOR NEW / ALTERED / ADDITION
 to Septic System – **ORANGE COUNTY DOCUMENT 64E-6**

VALUATION OF JOB (labor & materials) \$ _____

FIXTURES	Quantity
Water Closets (Toilet)	
Bathtubs	
Urinals	
Disposals	
Washing Machines	
Water Heaters	
Sewer	
Catch Basins/Sumps	
Service Sink	
Lavatory (Bathroom Sink)	
Showers	
Sinks	

FIXTURES	Quantity
Dishwashers	
Laundry Tubs	
Floor Drains	
Grease Traps	
Trailer Connections	
Spa	
Solar	
Pool Piping	
*Irrigation: (# Systems / # Heads)	
Water Softener	
Re-pipe	
Miscellaneous (Specify)	

**Per FBC, Sec. 608, a Backflow Preventer must be installed & tested; the report must be posted with permit for Final Inspection.*

Building Official: _____ **Date** _____

Verified Contractor's Licenses & Insurance are on file _____ Date _____

Permit Fee	
Review Fee	
1% BCAIB Fee	
1.5% DCA Fee	
Total Permit Fee	

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

LICENSE HOLDER SIGNATURE _____ LICENSE # _____

LICENSE HOLDER NAME _____ COMPANY NAME _____

Street Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Email Address _____

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

Building Permit Number _____