

City of Maitland - Community Development

Building Safety & Code Compliance Division

1776 Independence Lane Maitland, FL 32751

Phone: 407-539-6248

Fax: 407-539-6275

LOW VOLTAGE PERMIT APPLICATION

Date Rec'd: _____ Rec'd by: _____ Permit#: _____

Job Address: _____ Suite#: _____

Tenant Name: _____ Parcel#: _____

Owner Name: _____ Phone#: _____

Address: _____

Description of work: _____ Valuation of work: _____

Contractor Information:

Business Name: _____ Address: _____

Qualifier Name: _____ State License Number: _____

Phone: _____ Fax: _____ Email: _____

Contact Person: _____ Phone: _____ Email: _____

***If working under main building permit, list the builder and permit information below:**

*Building Contractor Name: _____ Building Permit# _____
(if applicable)

Additional Information:

Title Holder: _____ Title Holder Address: _____

Architect Name: _____ Architect Address: _____

Phone #: _____ Fax #: _____ Email: _____

Engineer Name: _____ Engineer Address: _____

Phone #: _____ Fax #: _____ Email: _____

Bonding Company: _____ Bonding Company Address: _____

Mortgage Lender: _____ Mortgage Lender 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 the jurisdiction. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WEELS, POOLS, HEATERS, TANKS, AIR CONDITIONERS, 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. ANOTICE 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 or Agent

Signature of Contractor

Printed Name of Owner or Agent

Printed Name of Contractor

STATE OF FLORIDA, COUNTY OF ORANGE, Sworn to
Sworn to (or affirmed) and subscribed before me this
_____ day of _____, 20_____

STATE OF FLORIDA, COUNTY OF ORANGE,
(or affirmed) and subscribed before me this
_____ day of _____, 20_____

Personally Known_____ or Produced ID _____

Personally Known_____ or Produced ID _____

Notary Public Signature

Notary Public Signature

My Commission Expires: _____

My Commission Expires: _____

(Pursuant to Florida Statue 713.135(7) all signatures must be notarized)

FOR OFFICE USE ONLY:

Fire Approval:

Date:

Building Approval:

Date:

Comments: