



City of Orange City  
 205 East Graves Avenue  
 Orange City, FL 32763  
 (386) 775-5423 Phone  
 (386) 775-5420 Facsimile  
 www.ourorangepcity.com

**PERMIT APPLICATION**  
 APPLICATION MUST BE FILLED OUT COMPLETELY

Permit Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel/Tax I.D. #: \_\_\_\_\_ (Proof of ownership must be attached)

Information available by a records search on the Volusia County Property Appraiser's website: [www.vcpa.vcgov.org](http://www.vcpa.vcgov.org)

IDENTIFICATION: \_\_\_\_\_ TENANT BUSINESS NAME: \_\_\_\_\_

1. **Property Owner** Address City, State, Zip Owner/Telephone

2. **Contractor Company** License Holder License # Contractor/Telephone

3. Contact Name: Phone: Fax: Email:

SUBCONTRACTOR	Company Name
Gas:	
Electrical:	
Plumbing:	
Mechanical:	
Fire Sprinkler/Fire Alarm:	

**TYPE OF WORK:** Residential Commercial Sq.Ft: Conditioned \_\_\_\_\_ Unconditioned \_\_\_\_\_ Total \_\_\_\_\_

**WORK DESCRIPTION:** \_\_\_\_\_

Work:	Other:				Fees: (Office Use Only)	
New Construction	Fence	Linear Ft:	Height:	Gates:	Width:	Building Permit
	<input type="checkbox"/> Mark this box to indicate that support structures shall face the interior of the property. If support structures are on both sides, a finished side shall face out.					
Alteration/Addition	Roof	Sq:	Slope:	Color:		Surcharge
Interior Alteration	Pool	In Ground	Above Ground		Fire	
Repair	Shed	Size:				Review
Land Use					Co. Road Imp.	
Impervious Surface Ratio (required if adding square footage) :					%	Fines
Square footage of work area(for Florida State surcharges):					Review Deposit	
Valuation of Work (Estimated Cost)					\$	Other
					<b>Total:</b>	

Signature of Owner (or Agent) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Owner (or Agent) \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is Personally known to me or has Produced (type of identification) \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
 Signature of Notary Public (SEAL)  
 State of Florida

Print/Type/Stamp Name of Notary Public \_\_\_\_\_

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_\_

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

STATE OF FLORIDA COUNTY OF \_\_\_\_\_  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_, who is Personally known to me or has Produced (type of identification) \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_  
 Signature of Notary Public (SEAL)  
 State of Florida

Print/Type/Stamp Name of Notary Public \_\_\_\_\_

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 WORK, PLUMING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

For projects in the Historic District, the department may seek the input of a licensed architect with specialization in historic structures to evaluate submittals, the cost of which would be the responsibility of the applicant.

**OWNER’S/CONTRACTOR’S AFFIDAVIT:** I swear or affirm that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning. I also swear or affirm that I have the legal authority to bind any entity to which this application relates. This statement is made under oath and subject to the penalties for perjury.

**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 OF AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**Cost Recovery Agreement**

By signing this application, the applicant understands and agrees that, pursuant to Orange City Code Ordinances, all direct costs, expenses and fees incurred by the city relating directly to the review, processing, inspection, or regulation of an application, including but not limited to the time of city consultants, as well as those relating directly to advertising, surveying, legal and engineering for an application or project shall be assessed to the applicant and reimbursed to the City.

Full payment of all fees is a requirement for City’s final approval of the Application. Following the approval of a permit and the payment of all required fees, or following a written letter from the applicant requesting the application be withdrawn and voided, any remaining balance will be refunded to the applicant, typically within 60 days.

**APPLICANT INITIALS:** \_\_\_\_\_

**Impact Fees**

**Some Impact fees may be required prior to your permit being issued.  
For more information contact the following:**

1. The Volusia County Impact Fee office: Thomas C. Kelly Administration Center, 123 W. Indiana Ave., Room 103, DeLand, Florida 32720. Beth Branton (386) 736-5924 or [bbranton@volusia.org](mailto:bbranton@volusia.org).
2. The Orange City Development Services Department: 205 East Graves Avenue, FL 32763. Elisa Millwater: (386) 775-5414 or [emillwater@ourorangecity.com](mailto:emillwater@ourorangecity.com).

<b>Department Approvals</b>	
Community Development	Approved by: _____ Date: _____
Engineering	Approved by: _____ Date: _____
Utilities	Approved by: _____ Date: _____
Fire	Approved by: _____ Date: _____
Building Official	Reviewed by: _____ Date: _____