

407-599-3298 • 407-599-3231 fax • wpfd.org

Fire-Rescue

FIRE PERMIT APPLICATION

PLEASE PRINT APPLICATION INFORMATION:		
PROJECT NAME:		
PROJECT ADDRESS:	SUITE/UNIT #	
TAX / PARCEL I.D. NUMBER:		
OCCUPANT NAME:		
PROPERTY OWNER:	PHONE:	
PROPERTY OWNER'S ADDRESS:		
PROPERTY OWNER'S EMAIL:		
CONTRACTOR NAME:	PHONE:	
CONTRACTOR'S ADDRESS:		
CONTRACTOR ST.REG./CERT./LIC#	EXPIRATION DATE:	
CONTACT PERSON:	PHONE:	
EMAIL:		
DESCRIPTION OF PROPOSED IMPROVEMENTS:		
CONSTRUCTION VALUATION \$	_	



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OWNER'S AFFIDAVIT:

I certify that this 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 before 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 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.

Signature:Owner	Signature: Contractor
me, the _/_/_ bywho is	The foregoing instrument was acknowledged before me, the/_/_ bywho is personally known to me and/or who produced
as identification, and who did not take an oath.	as identification and who did not take an oath.
Notary as to Owner	Notary as to Contractor
Commission No	Commission No
State of FL. County of	State of FL. County of
My Commission expires:	My Commission expires:
(SEAL)	(SEAL)

WARNING TO OWNER: Your failure to record a NOTICE OF COMMENCEMENT may result in you paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your NOTICE OF COMMENCEMENT.

Pursuant to Florida State Statute 713.135(7), all signatures must be notarized.