



Permit # _____

CITY OF WINTER PARK
WATER & WASTEWATER DEPARTMENT
1409 HOWELL BRANCH ROAD, BLDG 1
WINTER PARK, FLORIDA 32789
Phone: 407-599-3219
waterwastewater@cityofwinterpark.org

NOTICE: Applications shall be delivered or couriered to the address listed. Failure to provide the required informational items will result in a delay of your permit application review.

REQUIRED INFORMATIONAL ITEMS

- Completed Permit Application
- One complete set of Civil Site Plans (to include landscape, irrigation, signage and hardscape)
- One complete set of Architectural, Mechanical, Electrical and Plumbing Plans
- Demo Plumbing Plan (required to receive Water and Sewer Impact Credit)
- One copy of the Orange County Building Permit
- One copy of Department of Environmental Protection application (if applicable)
- One copy of the signed, sealed Survey (to include water meter and lateral locations)
- One CD, DVD or flash drive to include a pdf version of the above noted items

WATER/WASTEWATER SERVICES OUTSIDE CITY LIMITS PERMIT APPLICATION

Date Received: _____ Job Physical Address: _____

12 digit parcel number: _____

Owner: _____ Telephone #: _____

Owner Address: _____ Email Address: _____

Contractor: _____ Contact person: _____

Telephone #: _____ E-Mail Address: _____

Address: _____

Detailed Description of Work Proposed: _____

Engineer: _____ Contact person: _____

Telephone #: _____ E-Mail Address: _____ Address: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no utility 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.

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 land development.

Signature: _____
Owner or Agent of Owner
(including contractor)

Signature of Notary Public: _____

Notary Public, State of _____

Print Name _____

Know Personally/ID Shown: _____

Date: _____

My Commission Expires: _____