



# Building Code Compliance Office

6501 Magic Way, Building 100C  
Orlando, FL 32809

Phone# 407-317-3794 Fax# 407-317-3950

Website - [Building Code Compliance Office](http://BuildingCodeComplianceOffice.com)

Email - [BuildingCode@ocps.net](mailto:BuildingCode@ocps.net)

## PERMIT APPLICATION

PERMIT # \_\_\_\_\_  
(To be entered by BCCO)

Code Date: 8th Edition 2023 FBC

Master Permit# \_\_\_\_\_ Application Date \_\_\_\_\_

Proposed Occupancy:  Educational (E)

Proposed Use:  Assembly (A)  Business (B)  Educational (E)  Storage (S)  Utility (U)

Permit Type:  Building  Plumbing  Mechanical  Electrical  Site  Portable  Canopy  Demo

Irrigation  Roofing  Sign  Gas  Fence  Low Voltage  Playground  Sidewalk

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_

Facility Owner Orange County Public School Board

Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Contractor Address \_\_\_\_\_ Fax# \_\_\_\_\_

Contractor FL State License or Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Architect Name \_\_\_\_\_ Phone# \_\_\_\_\_

Architect Address \_\_\_\_\_

Engineer Name \_\_\_\_\_ Phone# \_\_\_\_\_

Engineer Address \_\_\_\_\_

Options:  Removal  Threshold Building

**➔  I CERTIFY THAT NO WORK/INSTALLATION HAS COMMENCED PRIOR TO THE ISSUANCE OF A PERMIT.**

### CONTRACTOR'S AFFIDAVIT

I CERTIFY THAT ALL THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS AND CODES REGULATING CONSTRUCTION AND ZONING, AND THAT THE STRUCTURE SHALL BE CONSTRUCTED PER THE STATE OF FLORIDA CODES.

I UNDERSTAND THAT A SEPARATE PERMIT WILL BE REQUIRED FOR ELECTRIC, PLUMBING, MECHANICAL, FIRE SPRINKLER, FIRE ALARM, SIGNS, FENCES, ETC.

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
By \_\_\_\_\_ who is personally known to me or has  
produced identification and who DID/DID NOT take on oath.

\_\_\_\_\_  
Notary Public Signature (Stamp Below) My Commission Expires: \_\_\_\_\_

<b>Required if no Master Permit is listed above</b>		
OCPS OWNER AGENT SIGNATURE		
_____ SIGNATURE	_____ DATE	
_____ PRINT NAME	_____ TITLE	
B14	Capital Renewal	District Capital
Other		

**Do not write below this line**

\_\_\_\_\_  
Building Official Approval Date

**REQUIRED INFORMATION**

VALUE OF WORK \$ \_\_\_\_\_

TOTAL SQUARE FOOTAGE \_\_\_\_\_

NUMBER OF STORIES \_\_\_\_\_

TOTAL IMPERVIOUS SQUARE FEET \_\_\_\_\_

CONSTRUCTION TYPE \_\_\_\_\_

JOB DESCRIPTION: INCLUDING OCPS PROJECT NUMBER, BUILDING/ PORTABLE NUMBER(S), ETC.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCUMENT CHECKLIST**

**Permit number and school/facility name must be referenced in all emails. Permit number is issued after application is reviewed and accepted in MyGov.**

\_\_\_\_\_ **Original Permit Application:** Y kj "pqvtk gf "Eqptcevt)u'Uki pcwtg'vq'dg'wr mcf gf 'kpvq'O {I qx'cv'ko g'qh'r roject request0

\_\_\_\_\_ **Contractor License:** Qpnf "tgs wktgf "h'O {I qx'shows"au'gZR ktgf 0\*Go cknto **BuildingCode@ocps.net**

\_\_\_\_\_ **Proof of Workers Compensation Ins:** Qpnf "tgs wktgf "h'O {I qx'shows"au'gZR ktgf 0(Go cknto **BuildingCode@ocps.net**)

\_\_\_\_\_ **Site Plan:** Showing entire campus and location of proposed work. (Email to **BCCOPlans@ocps.net**)

\_\_\_\_\_ **Safety Plan:** Site and Contractor Specific on student and staff occupied sites describing separation of construction with students & staff. (Email to **BCCOPlans@ocps.net**)

- \_\_\_\_\_ **Plans and Specifications:**
- 1. New and Comprehensive Projects (2 COMPLETE SETS signed & sealed) (Shop drawings, submittals and all project construction documents to be submitted through the designer to the OCPS FTP Site)
  - 2. Existing facilities projects shall have the plans and submittals sent electronically to **bccoplans@ocps.net**

\_\_\_\_\_ **Energy Calculations:** As required, 3 sets signed and sealed by the designer plus one electronic set.

\_\_\_\_\_ **Threshold Inspection Plan:** If Threshold or EHPA Building.

\_\_\_\_\_ **OCPS Owner Agent Signature and Project Type Check Box:** Required for all permit applications that do not reference a Master Permit Number.

**NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.**

**\*Orange County Public Schools are exempt from Notice of Commencement for requirement by Florida Statute" 713.135**

**NOTE: THIS FORM MAY BE COPIED BUT SHALL NOT BE ALTERED IN ANY WAY.**