



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](#)

Email - BuildingCode@ocps.net

FIRE PERMIT APPLICATION

PERMIT # _____
(To be entered by BCCO)

Code Date: 8th Edition (2023) FFPC

Master Permit# _____ Application Date _____

Proposed Occupancy: Educational (E)

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

Permit Type: Fire Alarm Fire Hydrant Fire Pump Fire Road Fire Site Underground Fire Sprinkler Fire Suppression
 Kitchen Hood Fire

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: _____

Required if no Master Permit is listed above
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:** Tq'dg'wr nqcf gf "vq'O {I qx'cv'vko g'qh'r roject request0

_____ **Contractor License:** Qpnl "tgs wktgf "h'O {I qx'shows"au'g zr ktgf 0*Go cknto **BuildingCode@ocps.net**

_____ **Proof of Workers Compensation Ins:** "Qpnl "tgs wktgf "h'O {I qx'shows"au'g zr ktgf 0(Go cknto **BuildingCode@ocps.net**)

_____ **Site Plan:** Showing entire campus and location of proposed work. (Email to **FHS.FTP@ocps.net**)

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

_____ **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.