



# Engineering Permit Application

22 S. Beach Street, Suite 104, Ormond Beach, FL 32174

Phone: 386-676-3269 Fax: 386-676-3361

### Office Use Only

Permit #

### SECTION 1: APPLICANT INFORMATION

Project Name/Description:

Project Address:

Applicant Firm:

Project Coordinator:

Mailing Address:

Email Address:

Phone Number:

Fax Number:

Owner/Developer:

Mailing Address:

Email Address:

Phone Number:

Fax Number:

Contractor:

Mailing Address:

Email Address:

Phone Number:

Fax Number:

Please contact Engineering Division at 386-676-3269 for permit information and submittal requirements.

### SECTION 2: CERTIFICATION

I certify all work will be done in compliance with all Federal, State, County and City laws, rules, regulations, and resolutions regarding construction and zoning.

Applicant's Signature:

Date:

Written Name of Applicant:

### SECTION 3: TYPE OF FEES (STAFF TO COMPLETE)

Type of Fees	Total Due
<input type="checkbox"/> Application	
<input type="checkbox"/> Project Review	
<input type="checkbox"/> Inspection	
<input type="checkbox"/> Other (please identify)	
<b>Note: All payments are to the "City of Ormond Beach"</b>	<b>TOTAL FEES</b>

### SECTION 4: REQUIRED INFORMATION (STAFF TO COMPLETE)

1. SJRWMD Environmental Resource Permit (ERP)	<input type="checkbox"/>	6. County Permit	<input type="checkbox"/>
2. DEP Permit	<input type="checkbox"/>	7. Wetlands Permit	<input type="checkbox"/>
3. DOH Permit	<input type="checkbox"/>	8. NPDES/SWPP Permit	<input type="checkbox"/>
4. FDOT Permit	<input type="checkbox"/>	9. Other (please identify)	<input type="checkbox"/>
5. Current survey of the property	<input type="checkbox"/>		

### SECTION 5: METER INFORMATION (STAFF TO COMPLETE)

Type of meter	Quantity / Size	Impact fees	
Domestic		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Irrigation		<input type="checkbox"/> YES	<input type="checkbox"/> NO