

****AS OF 8/31/2020****

ALL **NEW** FIRE SYSTEM PERMITS **MUST BE** APPLIED FOR ONLINE THROUGH FAST TRACK.

fasttrack.ocfl.net



FIRE SYSTEM ONLINE SUBMITTAL CHECK LIST

1. Page 2 Notarized Application
2. Contract (Shows job value amount) signed by both Customer & Contractor
3. Set of Plans (electronically signed and sealed if applicable)
4. Set of Cut Sheet

Please be sure to use the Correct Naming Conventions when applying online:

The E-Submittal Plan naming conventions MUST start with an A or PD

(as shown in the second to last bullet point under the **Plan Upload – Important** information section).

- A001-FPSPlan-RG1-JobName (**Restricted Access Gate** Example)
- A002-FPSPlan-RG2-JobName (**Multiple Pages** Example for Restricted Access Gate)
- (etc.)
- A003-FPSCutSheets-JobName
- PD001-EarlyStartPermit

The Other Documents files MUST start with a PD

- PD001-FPSApplication-Page-2
- PD002-FPSContract

If you apply for an **Early Start** the naming convention must be the same as shown in the last bullet point under the **Plan Upload – Important** information section. Also the early start must be uploaded within the E-Submittal Plans/Documents section.



Orange County Fire Rescue Department
 Office of the Fire Marshal – 7079 University Blvd. Winter Park, FL 32792
 Phone: 407-836-0004 - Fax: 407-836-8310



Permit Application for Restricted Access Gate/Fence Installation

Fire Dept. Permit # _____ Building Dept. Permit # _____ Parcel # _____

Date:	New Permit: <input type="checkbox"/>	Correction to a Permit: <input type="checkbox"/>	Revision to a Permit: <input type="checkbox"/>
Note: Corrections occur when a permit has been rejected & revisions occur when changes are made after a permit has been issued!			

Please print or type all information below. Incomplete applications will be returned.		
Project Name:		
Project Address (Include City & State):		
Contractor:		
Contractor Address (Include City & State):		
Phone # (Include area Code)	FAX # (Include Area Code)	Corporate Email:
Certificate Holder's Name:		
State License Number:	Expiration Date:	Worker's Compensation Expiration Date:
General Contractor/Owner:		
Scope Of Work:		

Permit Or Revision Required By Notice From Inspector? <input type="checkbox"/> Yes <input type="checkbox"/> No

All fees shall be paid at time of submittal in accordance with Orange County Fee Schedule. Make checks payable to <u>O.C.B.C.C.</u> or pay Online at https://ww2.e-billexpress.com/ebpp/OCFRDBillPay/ Note: FEES ARE NOT REFUNDABLE, once plans are processed.		
Restricted Access Gate/Fence Installation Review and Inspection Fee \$ 60.00	Check #	Receipt #

Notarized Signature			
Certificate Holder Shall Sign Notarized Portion For New Permits, Corrections, Or Revision.			
(Print or Type Name)	I hereby swear, under oath, that all documents and information submitted by me in connection with this permit application process are genuine and truthful.		
Signature of Certificate Holder:			
State Of Florida, County Of			
Sworn to and Subscribed Before Me This:	(Day)	(Month)	(Year)
Signature of Notary:	Notary Seal:		
My Commission Expires:			