



Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550 • Fax 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

____/____/____
Date

Building Permit Number

APPLICATION FOR METER RESET PERMIT

Permit Number

PLEASE PRINT:

The undersigned hereby applies for a meter reset permit as indicated below on property.

Project Address: _____

Suite/Unit #: _____ Bldg #: _____ City: _____ Zip Code: _____

Subdivision Name: _____

Parcel ID Number: Section ____ Township ____ Range ____ Subdivision ____ Block ____ Lot ____
(15 Digit Parcel Number)

Owner Name: _____ Phone No.: (____) ____ - _____

Owner Address: _____ City: _____ State: ____ Zip Code: _____

Class of Building: Existing __ New __ Type of Structure: Residential (028) __ Commercial (029) __ Mobile Home (006) __

Date Inspection Desired: ____/____/____ or will call __ Permit Analyst: _____

THIS PERMIT IS NOT FOR ANY WORK THAT HAS BEEN DONE, OR IS GOING TO BE DONE

A meter reset is a one (1) time inspection to set the meter. This inspection is to visually assure that the existing structure or building and the electrical system appear to be safe for power. _____ Initials

Any corrective work must be done prior to Meter Reset Permit and inspected through another permit through the appropriate department: Building, Electrical, Plumbing, and/or Mechanical. _____ Initials

On the day of the scheduled inspection, the applicant, or his/her designee must be on site from 7:00 A.M. to 3:30 P.M. to let the inspector in the building. Other arrangements to have access to the building must be set up by the applicant with the Division of Building Safety prior to 7:00 A.M. on the day of the scheduled inspection with the Chief Electrical Inspector by calling 407-836-5558. _____ Initials

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT: (Check one) Owner: Contractor:

Name of License Holder/Agent: _____

Contractor License Number (if applicable): _____

Contact Phone Number: (____) ____ - _____ E-Mail Address: _____

Authorized Signature: _____

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.