



CITY OF WINTER SPRINGS

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Winter Springs, FL 32708
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www.winterspringsfl.org

UTILITIES PERMIT APPLICATION

PERMIT#: _____ DATE: _____ FEE: \$ _____

PERMIT PURPOSE: _____

DATE ISSUED: _____

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

ADDRESS OF WORK: _____

DESCRIPTION OF WORK: _____

START DATE: _____ END DATE: _____

APPLICANT (PRINT NAME)

APPLICANT'S SIGNATURE

OFFICE USE ONLY:

THE FOLLOWING TO BE ENTERED BY THE BUILDING DEPARTMENT ONLY:

APPROVED BY: _____

DATE APPROVED: _____

ENGINEER'S COMMENTS: _____
