

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



Laser Display Permit Application Process

With the recent upgrade to our Mobile Eyes system we would like to direct all Laser Display/Exhibit permit applicants to create an account and upload their application and plans through the Contractor Permit Portal. The permit application, fee schedule and information for our online payment portal are available in the documents library for your use and below is the direct link where you can create an account.

http://www.mobile-eyes.com/PA_index.asp

STEP 1:	by: MUBILEeyes"	Contractor Permit Portal Help Desk: 866-442-9002 (8a-6p EST) Email: help@mobile-eyes.com
	User Options	Applications
You must select	Welcome back	City/Dept.: Orange County Fire Rescue V
Orange County Fire Rescue		Start New Application
in the City/Dept: drop down box.	Log Off	Just My Jobs O All Jobs for my company
in the eity/Dept. drop down box.	Update Account	Address: Occupant:
	Document Library	Street: Job Type: V
	Pyrotechnics/Open Flame Permit	Status: All Ounsubmitted Osubmitted OReturned Address Job Type Status
	Application Special Event Permit Application Online Payment Portal Information Fire Rescue Fee Pages	No matches
	Help Videos	~
	Single Portal Account Overview How to Find Your Active Jobs How to Request an Inspection	Active Jobs
	How to Request Multiple	Just My Jobs All Jobs for my company Occupant:
	How to Cancel an Inspection	Street: Job #:
		Schedule Status: All OScheduled OUnscheduled Search Clear Filters

STEP 2:

Once you click on Start New Application

(Start New Application) search for the address of the location where the display will be held: (LESS IS MORE WITH THIS PROGRAM: Start with just the numerical part of the address)

M∩hi	AFVAS		New Permit app	plication - Step 1a	a <mark>(Select Addre</mark>	ss)
		1. Add	2. Property Owner	3. Occupant	4. Job Setup	5. Review/Print/Submit
(0	Street Number OPTIONAL)	Street Name	Street Name Suggestions			
Search: 9	939 Mai	n Street				
	artial values OK for Required field	both fields)				
	Find Matche	S Clear				
Address	Street		Zip Code			
9939	Universal B	oulevard	32819 Select			





STEP 3:

NO NEED TO UPDATE THE PROPERTY OWNER INFO

	MohilaFuas New Permit application - Step 2 (Property Owner)						er)
E THE			1. Add	2. Property Owner	3. Occupant	4. Job Setup	5. Review/Print/Subm
<u>NFO</u>	First Name:						
. Continuo	Last Name:						
e & Continue	Business Name:	Rosen Shingle Creek		(if property owner is a business).			
	Phone:	866-996-9939					
	Phone (After Hours):						
	Cell Phone:						
	Fax:						
	Address:	9939 Universal Blvd					
	Suite:			Do not include "Suite" or "Ste"			
	City:	Orlando					
	State:	FL (Florida)	~				
	Zip Code:	32819					
	Email:	N/A@na.com					
		Field is required					
		Save & Continue	Iwant	to try and find an existing address	Main Menu		

STEP 4:

Please be sure to select from the **EXISTING** Occupant List the correct occupant will be based on your Event type and year:

Mohile Fves		New Permit application - Step 3a (Select Occupant)					
	1. Addres	s 2. Property Owner	3.	Occupant	4. Job Setup	5. Review/Print/Submit	
		Occupants at: 9939 Universal Boulevard					
Create building shell f	structure and not a specific occupant or: y Building ns Building	select (or create) the 'shell' occu	pant.				
Structure	Occupant	Suite Con	nm/Res				
Rosen Shingle Creek	Building Shell	Con	mercial	Select	Shell		
Rosen Shingle Creek	2018 Laser Permits	Con	mercial	Select			
Rosen Shingle Creek	2018 Open Flame	Con	mercial	Select	1		
Rosen Shingle Creek	2018 Pyrotechnics	Con	mercial	Select	1		
	2018 Trade Shows	Con	mercial	Select	1		
Rosen Shingle Creek							
170	2019 Trade Shows	Con	mercial	Select			
Rosen Shingle Creek Rosen Shingle Creek Rosen Shingle Creek	2019 Trade Shows Micasa Tequilla		imercial imercial	Select Select	[

STEP 5:

When the pop up box ask Does... 2021 Laser Display ...still occupy this space/suite?



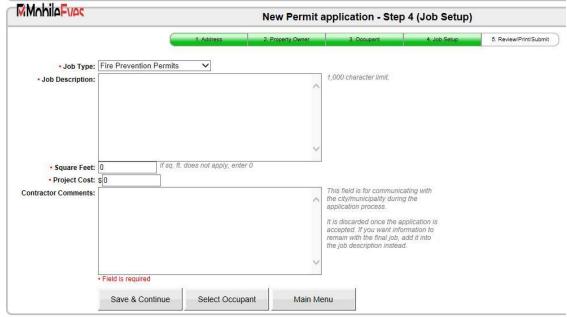
	Current o	r Not?
	Does.	L.
	2019 Laser I	Display
	still occupy this	space/suite?
Yes	No	Cancel





STEP 6:

Job Type: will be Fire Prevention Permits Job Description: Enter the Event name as well as the date and time of the Event Square Feet: 0 (Zero) Project Cost: 0 (Zero)



<u>STEP 7:</u>

Upload:

- Completed Application
- Payment confirmation email
- Plans
- Any other supporting documents.

Upload Files:

All submittals require a completed application, payment confirmation email, plans and all other supporting documentation.

		Browse	
Each file must be less than 2 GB	File over 2GB?	? Try compres	s.smallpdf.com
-no uploaded files-			

A complete set of plans is required for submittal.

At least one attachment required.





ORANGE COUNTY FIRE RESCUE DEPARTMENT OFFICE OF THE FIRE MARSHAL – 7079 University Blvd. Winter Park, Florida 32792 Office: (407) 836-0004 Fax: (407) 836-8310



Date:

Fire Dept. Permit #:

(Fire Dept. Office Use Only)

Permit Application for Laser Display/Exhibit

(Permit Fee of \$92.00 is not refundable)

(Applicant Shall Provide Three (3) Sets of Plans [Include Site and/or Floor Plans] and Product Submittal Data Sheets With This Application) Applications must be submitted 21 days prior to the show or an Expedited Plans Review fee of \$230.00 will be charged.

	Type of L	.aser (check one)			
Laser Light Show	Medical - Class IIIB and above Other				
Show Name:					
Show Address:					
Booth #	Exhibit Name:				
Business Name:					
Business Address:					
Telephone #:	Telephone #:Fax #:Email:				
Operator or On Site Safety Officer	r's Name:	Er	nail:		
Permanent Address:					
Telephone #: Fax #:					
Laser Manufacturer and Model #:					
Accession # or FDA # Federal License # (if applicable):					
Bond/Certificate of Insurance in th	ne amount of:				
Starting Date:		Ending Date:			

(PER AUTHORITY HAVING JURISDICTION)

Conditions of Permit

The use of lasers is permitted on OCCC premises, with prior approval from the Fire Marshal, provided Lessee or exhibitor provides detailed information to OCFRD for review and adheres to the following conditions:

- 1. The applicant shall have a site inspection and approval by the Orange County Fire Rescue Department prior to conducting an event.
- 2. Lasers must comply with Florida Administrative Code Chapter 64E-4 Control of Nonionizing Radiation Hazards, NFPA 115 Standard for Laser Fire Protection, and Florida Department of Health, State Bureau of Radiation regulations.
- 3. All lasers must be registered with the Florida Department of Health, State Bureau of Radiation. A separate registration is required for each location of intended use. Out of State lasers brought into the state for temporary use require notification to the Florida Department of Health, State Bureau of Radiation.
- 4. The Laser Safety Officer must establish and supervise a program of laser radiation safety for compliance with all applicable rules.
- 5. Laser system users and staff must be trained on fire safety features prior to the lasers fist use and at least annually thereafter.
- 6. Staff members must be trained in the use of portable fire extinguishers.
- 7. All training must be documented and available for review.
- 8. For open air shows where a laser beam is projected into the sky, requestor must submit basic beam information of intended laser use and a copy of the notification provided to the Federal Aviation Administration.

I hereby certify that I have read this application and that all information contained herein is true and correct to the best of my knowledge. I agree to comply with all state statues, county ordinances, federal, state, and local regulations. I certify that I am authorized by the organization named herein to act as its agent for the herein-described activity. I and the organization on whose behalf I make this application, hereby represent, stipulate, contract, and agree that we jointly and severally indemnify and hold the County harmless against all liability, including court costs and attorney fees, for any and



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all claims for damage to property, or injury to or death of persons arising out of or resulting from issuance of the permit or the conduct or the activity of which it was issued for and the actions or failure to act on the part of the applicant's representatives, employees, agents, servants, assignees, invites, or any persons connected to the applicant.

Notice:	
The name of the person signing, along with their title, is to be typed immediately b	elow the signature line.
Signature:	
Name (Printed or Typed):	
Title (Printed or Typed):	
Office of the Fire Marshal Use Only	
Clearances: (May be obtained by phone)	
Fire Department: Approved Disapproved	
Fire Official's Representative:	Date:
Reviewer's Comments:	



Orange County Fire Rescue Department Checklist for a Laser Display

(Laser Display/Exhibit) Office of the Fire Marshal - 7079 University Blvd. Winter Park, FL 32792 Phone: 407-836-0004 Fax: 407-836-8310

For <u>A Laser Display/Exhibit Permit</u> the following must be provided:

- 1. Complete, notarized application form
- 2. Fire watch request letter (on the venue's letterhead)
- 3. Permission letter from the venue
- 4. Payment receipt for the required fees
 - a. Application fee, \$92
 - b. Late fee / expedited review fee, \$230 (If applicable)
- 5. Narrative of the event including
 - a. Sketch showing the location of: the laser, operators, performers, viewers, beam paths, viewing screens, walls, mirror balls, and other reflective/diffuse surfaces which may be struck by laser beams, scanning beam patterns scanning velocity and frequency in occupied areas and where beam strikes wall or other structure, radiometric measurement data including output power and location of all measurements
 - b. Class of laser
- 6. Site plan for the event including the location of the audience and elevation view
- 7. Product list & MSDS (Material Safety Data Sheets)
- 8. Supplemental fire protection features and emergency response procedures
- 9. Proof of insurance
- 10. Laser License from the FL Health Department



Now Available

E-Bill Express from Orange County Fire Rescue!

Below is the website for our new Payment Portal for all payments. Please submit the **<u>email confirmation</u>** (example attached) of payment along with your permit application.

Next to the Payment Type click on the symbol with the box and pencil to add your building permit # & if there is no building permit # include the project name and address.

Customer Name or Business Name	Primary Telephone Number	Payment Amount Payment Type
First Name	Primary Email Address	Select C
(optional)		
Middle Name		Pay Date
(optional)		4/24/2017
Last Name		Invoice Number (if applicable)
(optional)		(optional)
-	ee debited from your bank account or credit card on the ET will be debited from your bank account or credit	Continue to Payment

For your convenience you can make your secure payment

ONLINE using a credit card or funds withdrawn directly

from your bank account (ACH).



https://ww2.e-billexpress.com/ebpp/OCFRDBillPay/

From: Sent: To: Subject: OFMPermits@ocfl.net Friday, June 02, 2017 1:00 PM OFMPermits@ocfl.net Your one-time Payment to Orange County Fire Rescue Department has been initiated

From: <u>E-BillExpress@E-Billexpress.com</u> Date: June 2, 2017 at 9:42:25 AM EDT To: <u>OFMPermits@ocfl.net</u> Subject: Your one-time Payment to Orange County Fire Rescue Department has been initiated



Your One-time Payment to Orange County Fire Rescue Department is being processed.

Customer Name or Business Name: Orange County BCC

Account Name:

Payment Account:

Payment Amount:

Total Amount:

Creation Date:

Payment Date:

Orange County BCC Visa ****1234 \$80.00 \$80.00

Friday, June 02, 2017

Friday, June 02, 2017

1 Item paid with this One-time Payment

Confirmation #	Customer Name or Business Name	Payment Amount	Payment Type	Additional Information
3008121234	Orange County BCC		01 - Permitting (OFM)	Fire Alarm System Permit

Please DO NOT reply to this email. This email message was sent from a notification address that cannot accept incoming email.

To contact us, <u>click here</u> and review the Contact Us section on our web site.