



Osceola County Building Office
1 Courthouse Square, Suite 1400
Kissimmee, FL 34741
Ph. (407)742-0200 Fax (407)742-0202

PERMIT # \_\_\_\_\_
ACTIVITY # \_\_\_\_\_
MASTER FILE # \_\_\_\_\_
(If applicable)

APPLICATION FOR COMMERCIAL PERMIT

All applicable information must be completed – use black ink.

Construction Street Address: \_\_\_\_\_
Parcel Number: \_\_\_\_\_ Subdivision: \_\_\_\_\_
Contractor: \_\_\_\_\_ License No: \_\_\_\_\_ Phone: \_\_\_\_\_
Contractor Address: \_\_\_\_\_ Fax No: \_\_\_\_\_
Email: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Owner: \_\_\_\_\_ Phone: \_\_\_\_\_
Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_
Describe the nature of proposed improvements: \_\_\_\_\_

If you are changing the use of an existing building or structure, please list the existing and proposed use:
Existing Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_
Estimated construction valuation (including labor and materials) \$ \_\_\_\_\_
Square footage living (air-conditioned) Area \_\_\_\_\_ Non-Living Area \_\_\_\_\_
Health Department Information (Property is served by):  City water & Sewer  Septic  Public Well
Culvert Maintained Swale:  Yes  No

\*\*\*\*\*NOTICE\*\*\*\*\*

I UNDERSTAND THAT: SEPARATE PERMITS/APPLICATIONS MAY BE REQUIRED FOR ELECTRICAL, PLUMBING, MECHANICALS (i.e. heating, air conditioning, coolers, etc.), DRYWALL, FIRE SPRINKLERS, POOLS, SIGNS, BOILERS, HEATERS, TANKS, COOLERS, etc. THIS PERMIT APPLICATION SHALL BE DEEMED TO HAVE BEEN ABANDONED SIX (6) MONTHS AFTER THE DATE OF FILING FOR THE PERMIT, UNLESS BEFORE THEN A PERMIT HAS BEEN ISSUED. ONE OR MORE EXTENSIONS OF TIME, FOR PERIODS OF NOT MORE THAN NINETY (90) DAYS EACH, MAY BE ALLOWED BY THE BUILDING OFFICIAL FOR THE APPLICATION, PROVIDED THE EXTENSION IS REQUESTED IN WRITING AND JUSTIFIABLE CAUSE IS DEMONSTRATED. Your Disclosure is a Public Record: Do NOT put social security, bank account, or credit card numbers on this form. If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a written request as required by Section 119.071.

WARNING TO OWNER: YOUR FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT".

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet all provisions of laws and ordinances regulating construction in this jurisdiction. The granting of a permit does not presume to give authority to violate the provisions of any other applicable state or local codes and/or ordinances. Additional restrictions applicable to this property may be found in the public records of Osceola County. Additional permits may be required from other governmental entities such as water management districts, state agencies, or federal agencies. I certify that the information contained in this permit application is accurate and true.

TYPE/PRINT NAME OF CONTRACTOR/OWNER BUILDER \_\_\_\_\_ DATE \_\_\_\_\_
SIGNATURE OF CONTRACTOR/OWNER BUILDER \_\_\_\_\_ DATE \_\_\_\_\_

State of Florida County of Osceola
The foregoing instrument was acknowledged before me
This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_
Who is personally known \_\_\_\_\_ or produced ID \_\_\_\_\_
Type of ID \_\_\_\_\_
Notary Public signature \_\_\_\_\_

Mobile Home Park
Parks Managers \_\_\_\_\_
SIGNATURE DATE

Notary Stamps:

SECTION B: COMMERCIAL PERMITS ONLY

1. MECHANICAL EQUIPMENT-MECHANICAL FEES ARE BASED ON VALUATION PROVIDED ON PAGE ONE OF THE APPLICATION.

2. **No. PLUMBING FIXTURES**

_____ Water Closet (toilet)	_____ Drinking Fountain
_____ Bathtub	_____ Floor Sink
_____ Wash Basin	_____ Ice Maker (Commercial)
_____ Shower	_____ Slop Sink
_____ Kitchen Sink	_____ Disposal (Residential ___ Commercial ___)
_____ Dishwasher	_____ Gas Outlets
_____ Clothes Washer	_____ Hose Bibs
_____ Laundry Tray	_____ Water Service
_____ Water Heater	_____ Sewer Tap
_____ Water Heater Replacement	_____ Septic Tank Connection
_____ Water Softener (Commercial)	_____ Roof Drain
_____ Urinal	_____ Backflow Preventer
_____ Other	

3. **No. ELECTRIC ITEMS**

_____ Outlets
_____ Fixtures
_____ Floodlight (over 300w)
_____ Outlet for window AC Unit
_____ Service up to 200 amps
_____ Each additional 100 amp up To 1200 amp
_____ Each sub-feed panel or sub Meter
_____ Temporary Service
_____ Additional disconnects to existing service
_____ Electric signs up to 30 sockets. No. of sockets _____. Incandescent, Festoon Lighting
_____ Time Switch
_____ Cook top
_____ Exterior Lighting (pole, ground, Pedestal, etc.)

**HEATING & APPLIANCES**

_____ Up to 1 KW
_____ Over 1 KW and up to 5 KW
_____ Over 5 KW and up to 10 KW
_____ Over 10 KW and up to 15 KW
_____ Over 15 KW and up to 25 KW
_____ Over 25 KW
_____ Water heater
_____ Dryer
_____ Dishwasher
_____ Disposal
_____ Electric Range
_____ Microwave Oven
_____ Oven
_____ Compactor
_____ X-Ray
_____ Dental Unit
_____ Exhaust or Attic Fan
_____ Electric Elevator

**MOTORS OR GENERATORS**

_____ Not over 1 HP
_____ Over 1 but not over 3 HP
_____ Over 3 but not over 5 HP
_____ Over 5 but not over 10 HP
_____ Over 10 HP
_____ Over 75HP

**DISPLAY CASES**

Power transformer used in buildings. Changing higher voltage to: 120/208 or step-up transformer \_\_\_\_\_ for each KVA up to 10 KVA \_\_\_\_\_ for each KVA over 10 KVA

**OTHER**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ELECTRIC WELDER**

_____ Transformer type up to 50 AMP
_____ Transformer type over 50 AMP

**NEON TRANSFORMER OR TUBING:**

_____ First Transformer
_____ Each additional transformer

**NO. GAS EQUIPMENT**

_____ L.P. Gas	Gas Piping for rough-in and final inspections at one (1) location: _____ No. of outlets
_____ Natural Gas	Conversion burners, floor furnaces, incinerators, boilers, central _____ No. of units
_____ Other	Heating or air conditioning units _____ No. of units
	Vented wall furnaces and water heaters _____ No. of units

**LIST ELECTRICAL CONTRACTOR FOR CONSTRUCTION TRAILER:**

Electrical: \_\_\_\_\_ License# \_\_\_\_\_