



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

ON-LINE PERMIT DECLARATION APPLICATION FORM

Notice to Applicants:

1. On-Line Web Permitting is an optional Internet service provided by Osceola County and Accela, Inc. The use of this service is at your discretion. This Internet service is provided without additional convenience fee or merchant account fees charged by Accela, Inc. or Osceola County to the applicant. The permit fees associated with the issuance of on-line permits are the same that would be assessed if the applicant obtained the permit directly from the Osceola County Building Office.
2. By signing this application, applicant agrees to accept the terms of Osceola County's Internet privacy policy, which can be found at www.Osceola.org, and the terms of use for this Internet service as contained herein.
3. In the event of any violation of the terms contained herein, Osceola County reserves the right to suspend, terminate, either temporarily or permanently, any or all services provided. Users who violate terms contained herein may additionally incur criminal and /or civil liability. Osceola County may refer violators to civil or criminal authorities for prosecution
4. Users of the permitting site are advised that the information contained within the web pages is believed to be accurate. However, errors can occur with computer-generated information. The County makes no representation regarding the completeness, accuracy or timeliness of such information and date or that such information or data will be error-free. In the event the information on the permitting website differs from the information contained in the County's official printed documents, the written information will control and take precedence.
5. Online permitting is currently limited to contractors registered as active contractors with Osceola County, and who are in good standing.

General Conditions:

1. On-Line Web Permits are permits that do not require any discretionary approvals or plan review by Osceola County (i.e., plan review was conducted with master building permit). If, subsequent to the issuance of an On-Line Web Permit, the Building Official determines that plans or other reviews are required for the work undertaken, the Building Official may revoke the permit or suspend the permit until such time as proper reviews and approvals are obtained. The Applicant will be given written notice of any such revocation or suspension.
2. The Issuance of an On-Line Web Permit shall not serve to legalize other unpermitted construction, construction not properly identified within the permit application, improper occupancies, additional dwelling units, or unauthorized land uses not otherwise legally established. All On-Line Web Permits are subject to review and approval by Osceola County Building Office.

3. All work authorized by a On-Line Web Permits must comply with all applicable federal, state and local statutes, ordinances, rules, regulations, and codes.
4. All work authorized by a permit is subject to inspection. Required inspections can be requested on line or by calling the Osceola County Interactive Voice Response System Inspections line at (407) 742-0210. Access must be provided for inspection purposes.
5. Permits shall automatically EXPIRE and become void if work is not commenced within 180 days following the date of issuance, or if work is suspended or an inspection is not approved within 180 days from the date of issuance.

Workers' Compensation Declaration:

By applying for this permit, applicant affirms that, at the time of making this application and until final completion, and (if applicable) final inspection of the work for which this permit is issued:

1. Applicant has and will maintain a certificate of workers' compensation exemption, as provided for Florida Statute, for the performance of the work for which this permit is issued; or
2. Applicant has and will maintain workers' compensation insurance, as required by Florida law, for the performance of the work for which this permit is issued and that my workers' compensation insurance carrier and policy number are on file with the State.

Licensed Contractor Declaration:

By applying for this permit, Applicant certifies to Osceola County that they are currently and properly licensed under provisions of Chapter 489 and 633, Florida Statute, and on file with Osceola County Contractor Licensing Division for the type of permit they are requesting. Applicant further states that they will immediately notify the Building Official should that permit be either revoked or suspended at any time prior to completion, and (if applicable) final inspection, of the permitted work.

Certificate of Compliance and Authorization of Entry:

Applicant certifies that they have read the information set forth in the application for the subject permit and that the information given is correct. Applicant agrees to comply with all applicable state and local statutes, ordinances, rules, regulations, and codes relating to the building construction, and authorize representatives of the County to enter upon the property described in the permit for inspection purposes.

WARNING TO OWNER:

YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMENCEMENT. F.S. 713.135 (1) (a)

Any Mechanical Permit with a job value greater than \$7,500.00 or an Electrical, Plumbing, Gas or Roof Permit with a job value greater than \$2,500.00 that is **NOT** associated with the building permit will require a notice of commencement and cannot be obtained on line.

Date: _____/_____/_____ License Number: _____

Email Address: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Copy of Driver's License must be included via fax to (407) 742-0202.

Qualifier's Name (Printed): _____

Qualifier's Signature: _____

STATE OF FLORIDA OSCEOLA COUNTY
Sworn to and subscribed before me this _____ day of
20_____, By:

NOTARY PUBLIC PRINT QUALIFIER'S NAME

() Personally Known to me. () Procured Identification.

Type of ID: _____
() DID TAKE OATH () DID NOT TAKE OATH

SIGNATURE OF NOTARY PUBLIC