



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

## RESIDENTIAL PERMIT CONTRACTOR LIST

All applicable information must be completed.

PROJECT #: \_\_\_\_\_

Construction Address: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Roofing Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pool Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Gas Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Irrigation Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_