

# APPLICATION FOR ACTIVITY PERMIT

Osceola County Building Office  
 1 Courthouse Square, Suite 1400  
 Kissimmee, Florida 34741  
 Phone: 407-742-0200 Fax: 407-742-0202

Permit No

Activity # \_\_\_\_\_

Master File # (if applicable) \_\_\_\_\_

**5TH EDITION FLORIDA BUILDING CODE**

Applicant Name <input type="text"/>	Phone <input type="text"/>	Email <input type="text"/>
Construction Address <input type="text"/>		Parcel Number <input type="text"/>
Contractor <input type="text"/>	Phone <input type="text"/>	Email <input type="text"/>
Address <input type="text"/>		License Number <input type="text"/>
Owner <input type="text"/>	Phone <input type="text"/>	Address <input type="text"/>
Architect/Engineer <input type="text"/>	Phone <input type="text"/>	Email <input type="text"/>
Description of Work <input type="text"/>		
Estimated construction value (including labor and materials) <input type="text"/>	Living (air conditioned) Area <input type="text"/>	Non-living Area <input type="text"/>

Health Department Information - Property is serviced by: City Water & Sewer (Yes/No)  Septic (Yes/No)  Public Well (Yes/No)

I understand that a separate permit/application may be required for ELECTRICAL, PLUMBING, MECHANICAL, 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. If permitting a food establishment then one set of sealed drawings will be required to be approved and stamped by the DBPR Department of Business Professional Regulation. If it is a health care facility the plans will need to be stamped by Agency for Health Care Administration. If final approved Site Site Development Plans are submitted with the Building permit, request to highlight the area of the principal building and have all stamps from all applicable review staff on the plans, then there is no need for zoning review. Additional inspections, certifications or reports such as Termite or Insulation Certifications, Compaction Reports, Threshold Building Reports and Bolt or Weld reports for metal buildings may be required.

**YOUR FAILURE TO RECORD A "NOTICE OF COMMENCEMENT" MAY RESULT IN YOUR PAYING TWICE FOR THE IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED OF THE JOB SITE BEFORE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR "NOTICE OF COMMENCEMENT". (FS 713.135)**

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.

**OWNER'S AFFIDAVIT:** I certify that all foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

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

\_\_\_\_\_  
 SIGNATURE OF CONTRACTOR/OWNER BUILDER DATE

State of Florida County of Osceola Mobile Home Park  
 The foregoing instrument was acknowledged before me PARK MANAGER'S

This  day of  20   
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

Who is personally known  or produced ID

\_\_\_\_\_  
 Type of ID Notary Stamps:  
 Notary Public Signature

# APPLICATION FOR ACTIVITY PERMIT

1) Mechanical Equipment - Mechanical fees are based on valuation provided on page one of this application

Mechanical Equipment

## 2) Number of Plumbing Fixtures

<input type="checkbox"/> Water Closet	<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Drinking Fountain	<input type="checkbox"/> Sewer Tap
<input type="checkbox"/> Wash Basin	<input type="checkbox"/> Laundry Tray	<input type="checkbox"/> Floor Sink	<input type="checkbox"/> Septic Tank Connection
<input type="checkbox"/> Bathtub	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Ice Maker (Commercial)	<input type="checkbox"/> Roof Drain
<input type="checkbox"/> Shower	<input type="checkbox"/> Water Heater Replacement	<input type="checkbox"/> Slop Sink	<input type="checkbox"/> Backflow Preventer
<input type="checkbox"/> Kitchen Sink	<input type="checkbox"/> Water Softener Commercial	<input type="checkbox"/> Hose Bibs	<input type="checkbox"/> Disposal - Residential
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Urinal	<input type="checkbox"/> Water Service	<input type="checkbox"/> Disposal - Commercial

Other

## 3) Number of Electrical items

<input type="checkbox"/> Outlets <input type="checkbox"/> Fixtures <input type="checkbox"/> Floodlights (over 300w) <input type="checkbox"/> Service up to 200AMP <input type="checkbox"/> each additional 100 AMP up to 1200 AMP <input type="checkbox"/> Each sub-feed panel or sub-meter <input type="checkbox"/> Temporary Service <input type="checkbox"/> Additional disconnects to existing service <input type="checkbox"/> Electric Signs up to 30 sockets <input type="checkbox"/> # of sockets. Incandescent, Festoon Lighting <input type="checkbox"/> Time switch <input type="checkbox"/> Cook top	<input type="checkbox"/> Exterior Lighting (pole, ground, pedestal, etc.) <input type="checkbox"/> Disposals <p><u>ELECTRIC WELDER</u></p> <input type="checkbox"/> Transformer type up to 50 AMP <input type="checkbox"/> Transformer type up over 50 AMP <p><u>NEON TRANSFORMER OR TUBING</u></p> <input type="checkbox"/> First transformer <input type="checkbox"/> Each additional transformer <p><u>MOTORS OR GENERATORS</u></p> <input type="checkbox"/> Not over 1 HP <input type="checkbox"/> Over 1 but not over 3 HP <input type="checkbox"/> Over 3 but not over 5 HP	<input type="checkbox"/> Over 5 but not over 10 HP <input type="checkbox"/> Over 10 HP <input type="checkbox"/> Over 75 HP <p><u>DISPLAY CASES</u></p> <p>Power transformer used in buildings changing higher voltage to 120/208 or step up transformer</p> <input type="checkbox"/> For each KVA up to 10 KVA <input type="checkbox"/> For each KVA over 10 KVA <p><u>OTHER</u></p> <p>Enter additional information</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><u>LIST ELECTRICAL CONTRACTOR FOR CONSTRUCTION TRAILER</u></p> <p>Electrical <input style="width: 100px;" type="text"/></p> <p>License Number <input style="width: 100px;" type="text"/></p>
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## HEATING & APPLIANCES

<input type="checkbox"/> Up to 1 KW	<p><u>Low Voltage</u></p> <p>Description <input style="width: 500px;" type="text"/></p>		
<input type="checkbox"/> Over 1 KW and up to 5 KW	<input type="checkbox"/> Over 25 KW	<input type="checkbox"/> Electric Range	<input type="checkbox"/> X-Ray
<input type="checkbox"/> Over 5 KW and up to 10 KW	<input type="checkbox"/> Water Heater	<input type="checkbox"/> Microwave	<input type="checkbox"/> Dental Unit
<input type="checkbox"/> Over 10 KW and up to 15 KW	<input type="checkbox"/> Dryer	<input type="checkbox"/> Oven	<input type="checkbox"/> Exhaust or Attic Fan
<input type="checkbox"/> Over 15 KW and up to 25 KW	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Compactor	<input type="checkbox"/> Electric Elevator

## 4) Number of Gas Equipment

<input type="checkbox"/> L.P. Gas	<input type="checkbox"/> Gas Piping for rough-in and final inspections at one (1) location (number of outlets)
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Conversion burners, floor furnaces, incinerators, boilers, central HVAC units (number of units)
<input type="checkbox"/> Other	<input type="checkbox"/> Vented wall furnaces and water heaters (number of units)