

APPLICATION FOR COMMERCIAL PERMIT

Osceola County Building Department
1 Courthouse Square, Suite 1400
Kissimmee, Florida 34741

Phone No: (407) 742-0200 Fax No: (407) 742-0202

5th EDITION FLORIDA BUILDING CODE

PROJECT # _____

ACTIVITY # _____

MASTER FILE # _____
(If applicable)

SECTION A: COMMERCIAL USE, All applicable information must be completed - use **black ink**.

1. CONSTRUCTION STREET ADDRESS: _____

2. PARCEL NUMBER: _____ SUBDIVISION: _____

3. CONTRACTOR: _____ LICENSE No. _____ Phone: _____

CONTRACTOR'S ADDRESS: _____ FAX No: _____

Email: _____ Contact Name/ Ext. _____

4. CONTACT PERSON: _____ PHONE _____ EMAIL: _____

5. OWNER: _____ Phone: _____

OWNER'S ADDRESS: _____ FAX No: _____

6. ARCHITECT/DESIGNER: _____ LICENSE No: _____ Phone: _____

Email: _____

7. DESCRIBE THE NATURE OF PROPOSED IMPROVEMENTS: DESCRIPTION OF WORK

8. IF YOU ARE CHANGING THE USE OF AN EXISTING BUILDING OR STRUCTURE PLEASE LIST THE EXISTING AND PROPOSED USE:

EXISTING USE: _____ PROPOSED USE: _____

9. ESTIMATED CONSTRUCTION VALUATION (INCLUDE LABOR AND MATERIALS) \$ _____

SQUARE FOOTAGE: LIVING (AIR CONDITIONED) AREA _____ NON-LIVING AREA _____

10. HEALTH DEPARTMENT INFORMATION: Property is serviced by: City Water & Sewer: Y/N _____ Septic: Y/N _____ Public Well: Y/N _____

***** 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.**

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

mobile home Park
PARK MANAGERS

____ This _____ day of _____ 200 _____

____ SIGNATURE _____ DATE _____

Who is personally known _____ or produced ID: _____

Type of ID _____

Notary Stamps:

Notary Public signature

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 (Resid___Comm___) |
| _____ 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. ELECTRICAL ITEMS**

- | | | |
|--|--|--|
| _____ Outlets | <u>HEATING & APPLIANCES</u> | <u>MOTORS OR GENERATORS</u> |
| _____ Fixtures | _____ Up to 1 KW | |
| _____ Floodlight (over 300w) | _____ Over 1 KW and up to 5 KW | _____ Not over 1 HP |
| _____ Outlet for Window A/C Unit | _____ Over 5 KW and up to 10 KW | _____ Over 1 but not over 3 HP |
| _____ Service up to 200 AMP | _____ Over 10 KW and up to 15 KW | _____ Over 3 but not over 5 HP |
| _____ each additional 100 AMP up to 1200 AMP | _____ Over 15 KW and up to 25 KW | _____ Over 5 but not over 10 HP |
| _____ each sub-feed panel or sub-meter | _____ Over 25 KW | _____ Over 10 HP |
| _____ Temporary Service | _____ Water Heater | _____ Over 75 HP |
| _____ Additional disconnects to existing service | _____ Dryer | |
| _____ Electric Signs up to 30 sockets. No. of sockets_____. Incandescent, Festoon Lighting | _____ Dishwasher | <u>DISPLAY CASES</u> |
| _____ Time Switch | _____ Disposal | Power transformer used in buildings Changing higher voltage to: 120/208 or step up transformer |
| _____ Cook top | _____ Electric Range | _____ for each KVA up to 10 KVA |
| _____ Exterior Lighting (pole, ground Pedestal, etc.) | _____ Microwave Oven | _____ for each KVA over 10 KVA |
| <u>ELECTRIC WELDER</u> | _____ Oven | <u>OTHER</u> |
| _____ Transformer type up to 50 AMP | _____ Compactor | _____ |
| _____ Transformer type over 50 AMP | _____ X-Ray | _____ |
| <u>NEON TRANSFORMER OR TUBING:</u> | _____ Dental Unit | _____ |
| _____ First Transformer | _____ Exhaust or Attic Fan | |
| _____ each additional transformer | _____ Electric Elevator | |

4) **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 heating or air conditioning units | _____ No. of units |
| _____ Other | Vented wall furnaces and water heaters | _____ No. of units |

LIST ELECTRICAL CONTRACTOR FOR CONSTRUCTION TRAILER:

Electrical: _____ License # _____