

APPLICATION FOR COMMERCIAL PERMIT

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

Permit # _____
 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
 The foregoing instrument was acknowledged before me

Mobile Home Park
 PARK MANAGER'S

This day of 20

 SIGNATURE DATE

Who is personally known or produced ID

 Type of ID

Notary Stamps:

 Notary Public Signature