

APPLICATION FOR RESIDENTIAL PERMIT

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

Phone No: (407) 742-0200 Fax No: (407) 742-0202
2017-6TH EDITION FLORIDA BUILDING CODE

PROJECT # _____

ACTIVITY# _____

MASTER FILE # _____
(If applicable)

SECTION A: RESIDENTIAL 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: _____

4. CONTACT PERSON: _____ PHONE: _____ EMAIL: _____

5. OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____ FAX NO: _____

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

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

EXISTING USE: _____ PROPOSED USE: _____

8. 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 _____

11. CULVERT/MAINTAINED SWALE: _____ YES _____ NO

******* 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.**

Your Disclosure is a Public Record: Do NOT put social security, bank account or credit card numbers on this form. If your home address or other information is exempt from disclosure under Section 119.071, F.S., and you want us to keep it confidential, you must submit a written request as required by Section 119.071.

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 _____ 20 _____

____ SIGNATURE _____ DATE _____

Who is personally known _____ or produced ID: _____

Type of ID _____

Notary Stamps:

Notary Public signature _____

LIST SUBCONTRACTORS BELOW:

Electrical: _____ **License #** _____
Email Address: _____

Plumbing: _____ **License #** _____
Email Address: _____

Mechanical: _____ **License #** _____
Email Address: _____

Drywall: _____ **License #** _____
Email Address: _____

Roofing: _____ **License #** _____
Email Address: _____

Gas: _____ **License #** _____
Email Address: _____

Irrigation: _____ **License #** _____
Email Address: _____