



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

PERMIT # _____
 ACTIVITY # _____
 MASTER FILE # _____
(If applicable)

APPLICATION FOR RESIDENTIAL PERMIT

All applicable information must be completed – use **black ink**.

Construction Street Address: _____
 Parcel Number: _____ Subdivision: _____
 Contractor: _____ License No: _____ Phone: _____
 Contractor Address: _____ Fax No: _____
 Email: _____
 Contact Person: _____ Phone: _____ Email: _____
 Owner: _____ Phone: _____
 Owner Address: _____ Email: _____
 Describe the nature of proposed improvements: _____

If you are changing the use of an existing building or structure please list the existing and proposed use:

Existing Use: _____ Proposed Use: _____

Estimated construction valuation (including labor and materials) \$ _____

Square footage living (air conditioned) Area _____ Non Living Area _____

Health Department Information (Property is served by): City water & Sewer Septic Public Well

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, MAYBE 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

This _____ day of _____ 20____

Who is personally known _____ or produced ID _____

Type of ID _____

Notary Public signature _____

Mobile Home Park

Parks Managers _____

SIGNATURE

DATE

Notary Stamps:

LIST OF 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: _____