

PERMIT #	
ACTIVITY #	
MASTER FILE #	
(If applicable)	

APPLICATION FOR ACTIVITY PERMIT

All applicable information must be completed – use black ink.

Applicant Name: Phone # Email: Construction Address: Parcel #; Contractor Name: Phone #: Email: License #; Contractor Name: Phone #: Email: Email: Contractor Name: Phone #: Email: E	Applicant Name:	Phone	#	Fmail:		
Contractor Address:						
Contractor Address:						
Owner Name:						
Owner Address: Architect/Engineer: Phone #: Email: Description of Work:						
Architect/Engineer: Phone #: Email: Description of Work:						
Description of Work: Estimated construction value (including labor and materials): Living (air conditioned area) Non-living Area Non-living Area Health Department Information (Property is served by): City water & Sewer Septic Public Well **********************************			#:	Email:		
Health Department Information (Property is served by): City water & Sewer Septic Public Well **********************************						
Health Department Information (Property is served by): City water & Sewer Septic Public Well **********************************	Estimated construction value (includi	ng labor and materia	als):			

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 SHALLBE DEEMED TO HAV BEEN ABANDONED SIX (6) MONTHS AFTER THE DATE OF FILING FOR THE PERMIT, UNLESS BEFORE THEN A PERMIT HAS BEEN ISSUED. ONE OR MOR 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. 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 OCOMMENCEMENT". (1713-135 F.S.) 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 this 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 restriction 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 State of Florida County of Osceola The foreign ignition of produced ID Type of ID Notary Stamps:	Health Department Information (Prop	erty is served by):	City water & Sewer	Septic	Public Well	
coolers, etc.], DRYWALL, FIRE SPRINKLERS, POOLS, SIGNS, BOILERS, HEATERS, TANKS, COOLERS, etc. THIS PERMIT APPLICATION SHALLBE DEEMED TO HAV BEEN ABANDONED SIX (6) MONTHS AFTER THE DATE OF FILING FOR THE PERMIT, UNLESS BEFORE THEN A PERMIT HAS BEEN ISSUED. ONE OR MOR KITCH STANDARD		*****	***NOTICE******	k		
SIGNATURE OF CONTRACTOR/OWNER BUILDER State of Florida County of Osceola The foregoing instrument was acknowledged before meThisday of20	PROVIDED THE EXTENSION IS REQUESTED IN security, bank account or credit card number F.S., and you want us to keep it confidential, y WARNING TO OWNER: YOUR FAILURE TO RE YOUR PROPERTY. IF YOU INTEND TO OBT. COMMENCEMENT". (713-135 F.S) Application is hereby made to obtain a permit issuance of a permit and that all work will be p of a permit does not presume to give authority applicable to this property may be found in the	WRITING AND JUSTIFIAE s on this form. If your he you must submit a writte CORD A "NOTICE OF COR AIN FINANCING, CONSL to do the work and insta erformed to meet all pro y to violate the provisions e public records of Osceo	BLE CAUSE IS DEMONSTRA ome address or other info n request as required by S MMENCEMENT" MAY RES JLT WITH YOUR LENDER allations as indicated. I cert visions of laws and ordinars of any other applicable stola County. Additional pern	TED. Your Disclosing the control of	ure is a Public Record trom disclosure uning TWICE FOR THE EFORE RECORDING Installation has construction in this jurished/or ordinances. Bed from other governments	ord: Do NOT put social under Section 119.071, IE IMPROVEMENTS TO IG YOUR "NOTICE OF promenced prior to the risdiction. The granting Additional restrictions ernmental entities such
State of Florida County of Osceola The foregoing instrument was acknowledged before meThisday of20Parks Managers Who is personally known or produced ID Type of IDNotary Stamps:	TYPE/PRINT NAME OF CONTRACTOR/OWNER	BUILDER		DATE		
The foregoing instrument was acknowledged before meThisday of20 Who is personally known or produced ID Type of ID Notary Stamps:	SIGNATURE OF CONTRACTOR/OWNER BUILD	ER		_		
Who is personally known or produced ID Type of ID Notary Stamps:	The foregoing instrument was acknowledged					
Type of ID Notary Stamps:			, and want		RE	DATE
<u> </u>	Type of ID					
	Notary Public signature		Notary Star	mps:		

Mechanical Equipment – Mechanical fees are based on valuation provided on page one of this application Mechanical Equipment _____ 2. Number of Plumbing Fixtures _____ Clothes Washer Water Closet Drinking Fountain Sewer Tap Wash Basin _____ Septic Tank Connection _____ Laundry Tray _____ Floor Sink Bathtub Water Heater Roof Drain Ice Maker (Commercial) Shower Water Heater Replacement Slop Sink Backflow Preventer ____ Hose Bibs Water Softener Commercial Disposal - Residential Kitchen Sink _____ Water Service Dishwasher _____Urinal _____ Disposal – Commercial Other_____ 3. Number of Electrical Items Outlets Exterior Lighting (pole, ground, pedestal, etc) Over 5 but not over 10 HP ____ Over 10 HP _____ Fixtures ____ Disposals ____ Over 75 HP ____ Foodlights (over 300w) **ELECTRIC WELDER** Service up to 200 AMP **DISPLAY CASES** Transformer type up to 50 AMP Each additional 100 AMP Transformer type up over 50 AMP Power transformer used in buildings changing higher voltage to 120/208 or Up to 1200 AMP Step up transformer ___ Temporary Service **NEON TRANSFORMER OR TUBING** _____ For each KVA up to 10 KVA __ First transformer Additional disconnects to For each KVA over to 10 KVA Existing service Each additional transformer OTHER Electric Signs up to 30 Enter additional information Sockets **MOTORS OR GENERATORS** ____ # of sockets, Incandescent, Festoon Lighting Not over 1 HP LIST ELECTRICAL CONTRACTOR FOR __ Time switch Over 1 but not over 3 HP CONSTRUCTION TRAILER Cook top Over 3 but not over 5 HP Electrical # License # **HEATING & APPLIANCES** LOW VOLTAGE Up to 1 KW Description Over 1 KW and up to 5 KW Over 25 KW _____ Electric Range X-Ray X-Ray Over 5 KW and up to 10 KW _____ Water Heater _____ Microwave _____ Dental Unit _____ Over 10 KW and up to 15 KW _____ Dryer _____ Oven _____ Exhaust or Attic Fan Over 15 KW and up to 25 KW Dishwasher _____ Compactor Electric Elevator 4. Number of Gas Equipment _____ Gas Piping for rough-in and final inspections at one (1) location (number of outlets) _____ L.P. Gas Natural Gas _____ Conversion burners, floor furnaces, incinerators, boilers, central HVAC units (number of units) Vented wall furnaces and water heaters (number of units) Other