



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

UTILITY AFFIDAVIT

PERMIT NUMBER: _____

OWNERS NAME: _____

PROPERTY ADDRESS: _____

CONTRACTORS NAME: _____

CONTRACTORS PHONE NUMBER: _____

I _____ being the legal owner/contractor acknowledge that I have investigated the availability of water, sewer and electrical utilities, in accordance with Sections 602.1 and 701.3 of the 2007 Florida Building Code Plumbing and article 230 of the National Electrical Code for the above referenced property. The purveyor of those utilities are as follows:

Water: ___ Well: ___ Public Utility: _____
Name of Surveyor Phone No.

Waste Water ___ Septic: _____ Sewer: _____
Treatment Name of Surveyor Phone No.

Electricity: _____
Name of Surveyor (Power Company)

I further acknowledge that each of the purveyors have been notified of my intent to require service as of (date) _____. This information is being provided to Osceola County for information purposes only and in NO WAY relieves me of my obligation to contact each utility purveyor, pay any applicable fees, and/or make provisions for utility connection. My failure to provide potable water and sewage treatment may result in the denial of the issuance of a Certificate of occupancy.

Signature