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 Plumbiing 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

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

http://share/sites/GM/Intake/Permit%20Documents/Forms/AllItems.aspx
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