



DIVISION OF BUILDING SAFETY

201 South Rosalind Avenue, 1st Floor
Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687
407-836-5760 • Fax 407-836-5510
www.ocfl.net/building

APPLICATION FOR USE PERMIT

Permit Number: **B** _____

Project Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip: _____ Lien: **NA**

What will the commercial space be used for: _____

What was the previous use of space: _____

Tenant/Occupant Name: _____ Email: _____

Telephone: (____) _____ Facsimile: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Business: _____

Property Owner: _____ Email: _____

Telephone: (____) _____ Facsimile: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

I hereby make application for permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety regulations and County Ordinances with the provision to utilize this building in **as is** condition. This permit does not grant permission to alter the structure in any way. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. A finance hold will be placed on all Use Permits and the Certificate of Occupancy until all applicable fees are paid. For questions regarding finance holds and impact fees please call the Concurrency Management Office at 407-836-5691.

Printed name: _____ Date: _____

Signature: _____

BUILDING DIVISION USE ONLY

Permit Type: **B** Work Type: **30** Occupancy Type: _____ License Type: **HMO**

Tax I.D. #: Sec: _____ Twp: _____ Rng: _____ Sub: _____ B&L: _____ Zoning Class: _____

Work Category: **E** Construction Type: _____ Nature of Work: **Use Permit** Shell Permit #: _____

Occupancy Group: _____ Plan Format: **A or R** Total Square Footage: _____ C/O Required: **Y**

Special Considerations: _____

Date Issued: _____

By: _____ / _____
Reviewer / Permit Analyst

Customer will call for inspection: _____ Inspection scheduled for: _____ / _____ / _____ Customer Initials: _____
Initials Date

This building is a:

- House
- Office
- Strip Retail Center
- Warehouse Building
- Other: _____

Business Type:

- Assisted Living: _____
- Auto Sales: _____
- Auto Service: _____
- Church
- Daycare
- Hair and/or Nail Salon
- Professional Office: _____
- Restaurant
- School
- Store: _____
- Warehouse: _____
- Other: _____

FISCAL SECTION USE ONLY

Law Impact Fee: Rate\$ _____ X _____ sq. ft./1000 sq. ft. 01 _____

Rate\$ _____ X _____ units _____

Fire Impact Fee: Rate\$ _____ X _____ sq. ft./1000 sq. ft. 01 _____

Rate\$ _____ X _____ units _____

Road Impact Fee:

RETAIL ONLY: Rate\$ _____ X _____ sq. ft./1000 sq. ft. ____ _____

OR

ALL OTHERS: Rate\$ _____ X _____ sq. ft./1000 sq. ft. ____ _____

Rate\$ _____ X _____ units _____

Total Fees: \$ _____ Zone: _____ Consistent: Yes No

Fiscal Analyst: _____ Date: _____

Concurrency Approval: Yes No If yes, File #: _____

Initials: _____ Date: _____