



CITY OF KISSIMMEE

PLUMBING PERMIT APPLICATION PACKET

The following application is to be used for any plumbing improvements such as addition, alteration, new service, repair, general plumbing, gas, irrigation, solar panel and grease trap to any commercial, multi-family dwelling unit and single family dwelling unit. Types include adding/replacing sewer drain and water lines; fixtures such as water heater, sink, tubs; gas outlets and appliances served; hose bibs; irrigation heads, vacuum breakers and backflow devices.

Application packet includes the following:

- Plumbing Permit Application requires entire completion prior to submittal;
- 911 Address Notification form must be completed to create new addresses, change an existing address and to verify property addressing for a property;
- Notice of Commencement is to be completed when construction value exceeds \$2,500.00 and submitted prior to first inspection.
- Owner- Builder Affidavit if the property owner chooses to do the construction.

Once completed, the above documents along with the permit review fee must be submitted to the City of Kissimmee Development Services Building Division located at 101 Church St., Suite 120 Kissimmee, FL 34741.

If you have any questions, please visit our website at www.kissimmee.org, email us at ePermitHelp@kissimmee.org or call our Building Division at 407-518-2379.

<i>Project</i>	<i>Progressive Review Time</i>
➤ Submittal of application and necessary documents	
➤ Staff review *	0-4 days
➤ Permit issuance	1 day
Approximate Time of Review Total	3-5 days *

** Estimations may vary. Review time is dependent upon necessary revisions, resubmittals, and any other required documentation.*



CITY OF KISSIMMEE PLUMBING PERMIT APPLICATION



CURRENT FLORIDA PLUMBING CODE IN EFFECT

1. JOB ADDRESS:

2. PARCEL ID#:	3. MAIN PERMIT #:
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4. CONTRACTOR:			LICENSE #:	
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE #:	E-MAIL:	FAX #:		

5. PROPERTY OWNER:				
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE #:	E-MAIL:	FAX #:		

6. FILING REPRESENTATIVE:				
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE #:	E-MAIL:	FAX #:		

7. NATURE OF PROPOSED IMPROVEMENTS (Check all that apply):

<input type="checkbox"/> ADDITION	<input type="checkbox"/> GAS	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> SOLAR PANEL
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> GENERAL PLUMBING	<input type="checkbox"/> NEW SERVICE	
<input type="checkbox"/> CHANGE OF OCCUPANCY	<input type="checkbox"/> GREASE TRAP	<input type="checkbox"/> REPAIR	
<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> IRRIGATION	<input type="checkbox"/> SINGLE FAMILY	

8. SPECIFICATION TYPE (Identify the number of each plumbing type proposed):

No.	Specifications	No.	Specifications
	ADD / REPLACE SEWER DRAIN LINE (enter 1)		HOSE BIBS
	ADD / REPLACE WATER LINE (enter 1)		IRRIGATION HEADS
	FIXTURES (WATER HEATER, SINK, ETC)		VACUUM BREAKERS / BACKFLOW DEVICES
	GAS – OUTLESTS / APPLIANCES SERVED		

9. DESCRIPTION OF WORK (Be specific):

10. ESTIMATED CONSTRUCTION VALUE (Include material and labor cost): \$

***** **NOTICE** *****

SEPARATE PERMITS ARE REQUIRED FOR FIRE SYSTEMS, ALARMS, IRRIGATION, GAS, LOW-VOLTAGE, GREASE TRAPS, SIGNS, POOLS, FENCES, SCREEN ROOMS, AND OTHER ACCESSORY STRUCTURES. THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OF ISSUANCE, OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED, AT ANY TIME, FOR A PERIOD OF 6 MONTHS AFTER WORK IS COMMENCED.

11. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction. I further certify that no work has been commenced prior to the issuance of the permit, and that all work will conform to the applicable laws of construction under this jurisdiction.

_____/_____/_____
 Printed Name of Contractor Signature of Contractor Date

_____/_____/_____
 Printed Name of Owner Signature of Owner Date

****ALL PRE-SIGNED / ABSENTEE FORMS MUST BE NOTARIZED****

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ (Name of person acknowledging). He/she is personally known to me or has produced (type of identification) _____ as identification.

 Notary Public – State of Florida, Osceola County

My Commission Expires: _____

FOR OFFICE USE ONLY

Accepted By:	Reviewed By:	District:	<input type="checkbox"/> HD	<input type="checkbox"/> D-CRA	<input type="checkbox"/> V-CRA	<input type="checkbox"/> N/A
Date:	Date:					
<i>Application Fees</i>						
Base Permit Fee:	Building Review Fee:	Fire Review Fee:	Balance Due:			



ADDRESS NOTIFICATION

Osceola County Sheriff's Office

911 Addressing

1 Courthouse Square, Suite 1400, Kissimmee, FL 34741

Phone: (407) 742-5911 Fax: (407) 742-5912

911addressing@osceola.org

Tax Parcel #R _____ / _____ / _____ / _____ / _____ / _____

Property owner of record or previous owner if recently purchased:

Resident of property, if different from above:

Telephone Number:

Please check all boxes that apply:

Verification of Existing

Corner Lot

New Issue

Single Family Unit

Additional / Multiple Address

Change of Address

Multi-Family Unit

Street structure faces: _____

Applicant's name: _____

Phone #: _____

Fax #: _____

Cell #: _____

Email: _____

Applicant's Signature _____

Signature indicates applicant has read & understands section 8 of County Ordinance 04-47

FOR COUNTY 911 USE:

Current address in use: _____

New issued address: _____

Comments: _____

Date: _____

Issued By: _____

In order for the above issued address to become effective, please notify the Post Office. An issued physical address does not change your mailing address if you are using a Post Office Box. County Ordinance 04-47 requires the posting of your address, using arabic numbers.

RESIDENTIAL: Must be no less than 3 inches in height and ½ inch in width.

COMMERCIAL: Must be no less than 6 inches in height and ½ inch in width.

(SEE ORDINANCE NEXT PAGE FOR PROPER POSTING OF BUILDING NUMBER(S))

CONTROL # _____

Retain this Copy for your Records

PLEASE POST YOUR BUILDING NUMBERS
IN ACCORDANCE WITH SECTION (8) OF COUNTY ORDINANCE 04-47
AN ORDINANCE ESTABLISHING A UNIFORM NUMBERING SYSTEM

SECTION 8. STANDARDS FOR NUMBERING STATES:

All principal buildings shall have the assigned building number properly displayed whether or not mail is delivered to such building. Numbers need not be displayed on accessory buildings. Physical numbering shall conform to the following standards:

- (1). Numbers must be clearly visible and legible from the public or private way on which the building fronts in accordance with Florida Fire Prevention codes and this ordinance.
- (2). Numbers must be in a color contrasting to the building background.
- (3). Where applicable, easily legible numbers shall also be affixed to the mailbox serving the building or house.
- (4). Assigned numbers shall be displayed on the front entrance of each principal building and, in the case of a principal building which is occupied by more than one business or family dwelling unit, on each separate front entrance.
- (5). Separate unit numbers must be displayed on the individual dwelling entrances of a multistory building. At no time will unit numbers that are unauthorized addresses be displayed on the exterior building. Individual unit numbering shall not exceed (3) numbers, and shall be displayed in a manner that clearly distinguishes it apart from the building number.
- (6). Any different numbers which might be mistaken for or confused with the number assigned in accordance with the "Numbering System" shall be removed upon proper display of the assigned number.

The proper display of your location address will be greatly appreciated. It will aid Emergency Services such as Law Enforcement, and Fire and Rescue in locating you.

NOTICE OF COMMENCEMENT

THIS DOCUMENT MUST BE COMPLETED WHEN CONSTRUCTION VALUE EXCEEDS \$2,500.00

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement

This instrument prepared by:

Permit #:

Parcel ID#:

State of Florida

County of Osceola

1. Legal description of property (Street address if available):

2. General description of improvement(s):

3. Owner Information: a. Name:

a. Address: City: State: Zip:

b. Interest in property:

c. Name and address of fee simple titleholder (if other than Owner):

4. Contractor Information: a. Name:

b. Address: City: State: Zip:

c. Phone #: Fax #:

5. Surety Information: a. Name:

b. Address: City: State: Zip:

c. Phone #: Fax #:

d. Bond amount:

6. Lender Information: a. Name:

b. Address: City: State: Zip:

c. Phone #: Fax #:

7. Persons within the state of Florida designated by Owner upon whom notices or other documents may be served as provided by section 713.13(1)(a)7, Florida Statutes:

a. Name:

b. Address: City: State: Zip:

c. Phone #: Fax #:

8. In addition to himself, Owner designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes:

a. Name:

b. Address: _____ City: _____ State: _____ Zip: _____

c. Phone #: _____ Fax #: _____

9. Expiration date of Notice of Commencement (the expiration date is one (1) year from the date of recording unless a different date is specified). Expiration Date:

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager

Print Name and Provide Signatory's Title/Office

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ (Name of person acknowledging). He/she is personally known to me or has produced (type of identification) _____ as identification, and _____ did take an oath _____ did not take an oath.

Notary Public State of Florida at Large

My Commission Expires: _____

NOTE TO OWNER: Your failure to record a notice of commencement may result in your paying twice for improvements to your property. A notice of commencement must be recorded and posted on the job site before the first inspection. If you intend to obtain financing, consult with your lender or an attorney before recording your notice of commencement.



OWNER BUILDER STATEMENT/AFFIDAVIT



This form is required to be completed by owners of the property who wish to build their own structure. Florida States are quoted here in part for your information to indicate the authority for exemptions for homeowners from qualifying as contractors and to express any applicable restrictions and responsibilities. Owners must personally appear at the Building Division to sign this document. By signing this affidavit, you attest that:

_____ Initials	I understand that state law requires construction to be done by a licensed contractor and have applied for an owner-builder permit under an exemption from the law. The exemption specifies that I, as the owner of the property listed, may act as my own contractor with certain restrictions even though I do not have a license.
_____ Initials	I understand that building permits are not required to be signed by a property owner unless he or she is responsible for the construction and is not hiring a licensed contractor to assume responsibility.
_____ Initials	I understand that, as an owner-building, I am the responsible party of record on a permit. I understand that I may protect myself from potential financial risk by hiring a licensed contractor and having the permit filed in his or her name instead of my own name. I also understand that a contractor is required by law to be licensed in Florida and to list his or her license numbers on all permit and contracts.
_____ Initials	I understand that I may build or improve a one-family or two-family residence or a farm outbuilding. I may also build or improve a commercial building if the costs do not exceed \$75,000. The building or residence must be for my own use or occupancy. It may not be built or substantially improved for sale or lease. If a building or residence that I have built or substantially improved myself is old or leased within 1 year after the construction is complete, the law will presume that I built or substantially improved it for the sale or lease, which violates this exemption.
_____ Initials	I understand that, as the owner-builder, I must provide direct, onsite supervision of the construction.
_____ Initials	I understand that I may not hire an unlicensed individual person to act as my contractor or to supervise persons working on my building or residence. It is my responsibility to ensure that the person whom I employ have the licenses required by law and by county ordinance.
_____ Initials	I understand that it is frequent practices of unlicensed persons to have the property owner obtain an owner-builder permit that erroneously implies that the property owner is providing his or her own labor and materials. I, as an owner-builder, may be held liable and subjected to serious financial risk for any injuries sustained by an unlicensed person or his or her employees while working on my property. My homeowner's insurance may not provide coverage for those injuries. I am willfully acting as an owner-building am aware of the limits of my insurance coverage for injuries to workers on my property.
_____ Initials	I understand that I may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. <u>Any person working on my building who is not licensed must work under my direct supervision and must be employed by me, which means that I must comply with laws requiring the withholding of federal income tax and social security contributions under the Federal Insurance Contributions Act (FICA) and must provide workers' compensation for the employee.</u> I understand that my failure to follow these laws may subject me to serious financial risk.
_____ Initials	I agree that, as the partly legally and financially responsible for this proposed construction activity, I will abide by all applicable laws and requirements that govern owner-builders as well as employers. I also understand that the construction must comply with all applicable laws, ordinances, building codes and zoning regulations.
_____ Initials	I am aware of construction practices and I have access to the Florida Building Code.

Initials	I understand that I may obtain more information regarding my obligations as an employer from the Internal Revenue Service, the United States Small Business Administration, the Florida Department of Financial Services, and the Florida Department of Revenue. I also understand that I may contract the Florida Construction Industry Licensing Board at 1-850-487-1395 or at www.myflorida.com/dbpr/pro/cilb/ for more information about licensed contractors.
Initials	I am aware of, and consent to; owner-builder building permits applied for in my name and understand that I am the partly legally and financially responsible for the proposed construction activity at the address listed below.
Initials	Licensed contractors are regulated by laws designed to protect the public. If you contract with a person who does not have a license, the Const4ruction Industry Licensing Board, the Department of Business and Professional Regulation and the building department may be unable to assist you with any financial loss that you sustain as a result of a compliant. Your only remedy against an unlicensed contractor may be in civil court. It is also important for you to understand that, if an unlicensed contractor or employee of an individual or firm is injured while working on your property, you may be held liable for damages. If you obtain an owner-builder permit and wish to hire a licensed contractor, you will be responsible for verifying whether the contractor is properly licensed and the status of the contractor's workers' compensation coverage.

I do hereby state that I am qualified and capable of performing the requested construction involved with the permit application filed and agree to the conditions specified above.

_____ / / _____
Printed Name of Owner *Signature of Owner* *Date*

Driver's License #

Address of Subject Property

A violation of this exemption is a misdemeanor of the first degree punishable by a term of imprisonment not exceeding 1 year and a \$1,000.00 fine in additional to any civil penalties. In addition, the local permitting jurisdiction shall withhold final approval, revoke the permit, or pursue any action or remedy for unlicensed activity against the owner and any person performing work that requires licensure under the permit issued.