



CITY OF KISSIMMEE

ELECTRICAL PERMIT APPLICATION PACKET

The following application is to be used for installation of any new electrical wiring, meters or fixtures when work is not done in conjunction with a new structure. Electrical improvements such as addition, alteration, new service, repair, general electric, electrical meter/panel change out, low-voltage, and t-pole to any commercial, multi-family dwelling unit and single family dwelling unit. Types include elevators, exhaust fans, fixtures and outlets, floodlights over 30 amps, rated heat appliances, motors and generators, neon transformers and tubing, panel service, power transformers, ranges and ovens, refrigerator display cases, sign outlets, sub panel and meter, time clocks, washers, dryers, disposals, window HVAC outlet, x-ray and dental units.

Application packet includes the following:

- Electrical Permit Application requires entire completion prior to submittal;
- Disclosure Statement is required in the event the owner/builder wishes to install electric.

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 ELECTRICAL PERMIT APPLICATION



CURRENT NATIONAL ELECTRICAL 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"/> SINGLE FAMILY	<input type="checkbox"/> MULTI-FAMILY	<input type="checkbox"/> COMMERCIAL
<input type="checkbox"/> ADDITION	<input type="checkbox"/> ELECTRICAL METER/PANEL CHANGE OUT	<input type="checkbox"/> NEW SERVICE
<input type="checkbox"/> ALTERATION	<input type="checkbox"/> GENERAL ELECTRICAL	<input type="checkbox"/> REPAIR
<input type="checkbox"/> CHANGE OF OCCUPANCY	<input type="checkbox"/> LOW VOLTAGE	<input type="checkbox"/> T-POLE

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

No.	Specifications	No.	Specifications	No.	Specifications
	Elevators		Heat Appliance Rated >25 KW		Ranges / Ovens
	Exhaust Fans		Motors / Generators up to 3 HP		Refrigerator Display Cases
	Fixtures & Outlets		Motors / Generators 4-5 HP		Sign Outlets
	Floodlights over 30 Amps		Motors / Generators 6-10 HP		Sub Panel / Meter
	Heat Appliance Rated 1 KW		Motors / Generators > 25 HP		Temporary Power Pole
	Heat Appliance Rated 3-5 KW		Neon Transformers & Tubing		Time Clocks
	Heat Appliance Rated 6-10 KW		Panel Service 0-200 Amps		Washers / Dryers / Disposals
	Heat Appliance Rated 11-15 KW		Panel Service up to 1,200 amps		Window HVAC Outlet
	Heat Appliance Rated 16-25 KW		Power Transformers		X-Ray or Dental Units

9. DESCRIPTION OF WORK (Be specific):

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

11. IS THE HOMEOWNER GOING TO PERFORM THE ELECTRICAL WORK?

YES (See attached disclosure statement and submit along with this application) NO

***** 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.

12. 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:					

Application Fees

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.



PRE-POWER FORM

Request for electrical power in order to test systems prior to the Final Inspection

Construction Street Address:

It is mutually agreed by all parties signing this request that the electrical power will be discontinued without notice, if the building is opened to the general public or occupied prior to all City Final Inspections and the issuance of a Certificate of Occupancy by the City of Kissimmee.

The undersigned Master Electrician certifies that they wiring apparatus and fixtures of the entire building are in such condition that electrical current may be safely connected in order to finish construction, but is not certifying that the systems are in such condition for the building to be safely opened to the general public or to be occupied.

Printed Name of Master Electrician

Signature of Master Electrician

Printed Name of General Contractor

Signature of General Contractor

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

<i>This instrument prepared by:</i>			
<i>Permit #:</i>	<i>Parcel ID#:</i>		
<i>State of Florida</i>	<i>County of Osceola</i>		
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.