



**DIVISION OF BUILDING SAFETY**

201 South Rosalind Avenue, 1<sup>st</sup> Floor  
Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687  
407-836-5550 • Fax 407-836-5510  
[www.ocfl.net/building](http://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: \_\_\_\_\_

Building Department Fee: **\$ 26.00** Date Issued: \_\_\_\_\_

By: \_\_\_\_\_ / \_\_\_\_\_  
Reviewer / Permit Analyst

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: \_\_\_\_\_