



## DIVISION OF BUILDING SAFETY

201 South Rosalind Avenue, 1<sup>st</sup> Floor

**Reply To:** Post Office Box 2687 • Orlando, Florida 32802-2687

407-836-5760 • Fax 407-836-5510

**[www.ocfl.net/building](http://www.ocfl.net/building)**

## ATTENTION ALL USE PERMIT APPLICANTS

A use permit is required for a change of tenant or owner of a commercial building or tenant space. A change of occupancy classification of a building or tenant space as defined by the Florida Building Code will require the building or space to comply with the current codes, including the Florida Accessibility Code.

The following steps need to take place in order to obtain a use permit:

1. When applying for a use permit, you must apply first at the Orange County Business Tax Department located at the SunTrust Building, 200 S. Orange Avenue, 16th Floor, Orlando, FL 32801.
2. After your application is processed, please proceed to the Orange County Zoning Division for approval of the type of business use. The Zoning Division is located on the 1st Floor, 201 S. Rosalind Avenue, Orlando, FL. Please sign in first on a computer located at the front desk.
3. Any proposed change of use, which term or phrase shall include a change, redevelopment or modification of the character, type or intensity of use, shall require a concurrency evaluation. Please contact the Concurrency Management Office at 407-836-5691.
4. Please proceed across the hall to the Orange County Division of Building Safety. (At this time you will be required to show your Zoning approval or Local Business Tax Receipt).
5. Inspections will be conducted by the Orange County Division of Building Safety and Orange County Fire Rescue.
6. A Certificate of Occupancy will be issued when the inspections have been made and approved by both the Orange County Division of Building Safety and Orange County Fire Rescue Department.
7. One working day after inspection, please call the Records Section of the Division of Building Safety at 407-836-5768 to check on the status of the Certificate of Occupancy. Please refer to the building permit number located at the top right hand corner of your receipt.
8. **Please refer to the reverse side of this sheet for a list of the most frequent causes of failed use inspections.**

**For fees refer to:**

**<http://orangecountyfl.net/portals/0/library/permitting-licensing/docs/feedirectory>**

## USE PERMIT INSPECTIONS

The following items are the most frequent causes of use permit inspection failures. This is only a partial list of items, which may be reviewed by the Building Inspector.

1.     **LOCKS ON EXIT DOORS**  
Locks, which require a key for operation on both sides (double cylinder deadbolt), and manually flush bolts or surface bolts are prohibited.  
(5<sup>th</sup> Edition Florida Building Code, Chapter 10, Section 1008)
  
2.     **EXITS**  
Equipment, fixtures, cabinets, boxes, etc. shall not obstruct path of travel to the exits.  
(5<sup>th</sup> Edition Florida Building Code, Chapter 10, Section 1001.3)
  
3.     **STREET NUMBERS**  
The correct street number shall be displayed on the front of the building, in Arabic numerals, not script. Minimum size is 6" high on a contrasting background.  
(5<sup>th</sup> Edition Florida Fire Prevention Code 10.12.1.2)
  
4.     **FIRE EXTINGUISHERS**  
The required number, size, and type of fire extinguishers shall be properly located. Fire extinguishers shall be fully charged with current inspection tags (NFPA 10). Consult the Office of Fire Marshall or a Florida State Licensed Fire Extinguisher Company for size, quantity and replacement requirements.
  
5.     **CHANGE OF OCCUPANCY**  
If there is a change in the occupancy classification, as defined by the Florida Building Code, the proposed space shall be made to comply with current codes, including the Florida Accessibility Code.  
(5<sup>th</sup> Edition Florida Building Code, Existing Building, Chapter 10)  
(5<sup>th</sup> Edition Florida Building Code, Accessibility)

**EXAMPLE:** A previous retail store (mercantile occupancy) proposed to be used as an office (business occupancy) shall conform to current codes. This may require additional permits to make modifications to space in order to comply with current code. Impact fees may be assessed based on the change of occupancy.

6.     **EMERGENCY ILLUMINATION OF EXITS**  
(5<sup>th</sup> Edition Florida Building Code, Chapter 10, Section 1006)

\*\*\* Someone must be at the location to let the inspector in on the day of the inspection.

\*\*\* One working day after inspection, please call the Records Section of the Division of Building Safety at 407-836-5768 after 3:00 p.m. to check the status of the Certificate of Occupancy. Please refer to the building permit number located at the top right hand corner of your receipt.

\*\*\* Please see our website [www.ocfl.net/building](http://www.ocfl.net/building) for current code edition.



**DIVISION OF BUILDING SAFETY**

201 South Rosalind Avenue, 1<sup>st</sup> Floor  
Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687  
Phone: 407-836-5760 • 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: \_\_\_\_\_

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: \_\_\_\_\_