



OFFICE OF THE FIRE MARSHAL

7079 University Blvd. Winter Park, FL. 32792

407-836-0004 • Fax 407-836-8310

Email: ofmpermits@ocfl.net

APPLICATION FOR USE PERMIT

Permit Number: **B** _____

Project Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip: _____

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 Fire and Life 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. For questions please call The Office of the Fire Marshal at 407-836-0004.

Printed name: _____ Date: _____

Signature: _____

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: