

1900 Hotel Plaza Blvd., Lake Buena Vista, FL 32830 + (407) 828-2034 + (407) 828-4466/IVR + (407) 828-2416/Fax + Permitting@oversightdistrict.org

## NON-FLORIDA STATE RESIDING, NON-LICENSED REQUIRED ORGANIZATION / PROFESSIONAL REGISTRATION FORM

In order to use the Central Florida Tourism Oversight (the District) Building & Safety online permitting services to apply for permits, schedule inspections and obtain general permitting information, all users must be registered with the District in the main permitting system. All information must be verified and kept up to date throughout the year, including the main contact email address. Once established in our main permitting system, all approved users can then apply for a login registration with our online permitting system, Accela Citizen Access (ACA), at <a href="https://ca.rcid.org/citizenaccess">https://ca.rcid.org/citizenaccess</a>. Additional information on how to register with ACA can be found in the ACA User's Guide, available on the Building Department website page: <a href="https://www.oversightdistrict.org/doing-business/building-department/">https://www.oversightdistrict.org/doing-business/building-department/</a>.

## **REQUIRED DOCUMENTION**

Provide a pdf copy of the following, along with this fully completed form:

- Current Certificate of Workers Compensation Insurance or Exemption (Note: the Certificate of Insurance (COI) must list Central Florida Tourism Oversight District, Building & Safety as the certificate holder.)
- Project Management Permits only Current County or City Business Tax Receipt

## **COMPANY INFORMATION – ALL FIELDS REQUIRED**

| Business Name      |  |       |     |
|--------------------|--|-------|-----|
| Business Address   | City   | State | Zip |
| Business Phone No. | Main Contact Email Address (All District notifications will be sent to this one main email address.) |       |     |

## AGENTS / CONTACTS

The following is a list of agents/contacts authorized, on behalf of the organization listed above, for access to the District's ACA system:

| Name | Cell | Email |
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Return this fully executed form and all supporting pdf documents to Permitting@oversightdistrict.org.

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