

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____		Unit: _____	City: _____	
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____	Floor Area: _____	Job Value: _____
	Building Use: _____		Construction Type: _____		Occupancy Group: _____
	Present Use: _____		Proposed Used: _____		
	Description of Work: _____				
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____				
	Legal Description: _____				<input type="checkbox"/> Attachment

2	Property Owner: _____		Phone: _____	Email: _____	
	Owner's Address: _____		City: _____	State: _____	Zip: _____

3	Contracting Co.: _____		Phone: _____	Email: _____	
	Company Address: _____		City: _____	State: _____	Zip: _____
	Qualifier's Name: _____		Owner-Builder: <input type="checkbox"/>	License Number: _____	

4	Architect/Engineer's Name: _____		Phone: _____	Email: _____	
	Architect/Engineer's Address: _____		City: _____	State: _____	Zip: _____
	Bonding Company: _____				
	Bonding Company Address: _____		City: _____	State: _____	Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____				
	Fee Simple Titleholder's Address (If other than owner): _____		City: _____	State: _____	Zip: _____
	Mortgage Lender's Name: _____				
	Mortgage Lender's Address: _____		City: _____	State: _____	Zip: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING 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 COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF _____
COUNTY OF _____

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



For official use only:
 APP #: _____
 Complete: _____

STRUCTURAL ADDENDUM TO PERMIT APPLICATION

Name of Project/Plaza/Tenant _____

Job Address _____ Unit/Bay # _____

Folio # _____ Legal: Lot _____ Block _____ Section _____

Existing Sq. Footage _____ New Sq. Footage _____ Occupant Load _____ # of Stories _____

Is the proposed work a corrective action for a code violation? No Yes Case # _____

Description of Work _____

Code in Effect: FBC _____

Total Estimated Value: Entire Project \$ _____ This Application \$ _____

ADDITIONAL CONTACTS

Tenant Name: _____ Phone: _____ Email: _____

Permit Expediter Name: _____ Phone: _____ Email: _____

Other Name: _____ Phone: _____ Email: _____

OFFICIAL USE ONLY

PERMIT TYPE	QUANTITY	CITY FEE
<input type="checkbox"/> New Construction	\$	\$
<input type="checkbox"/> Alteration	\$	\$
<input type="checkbox"/> Addition	\$	\$
<input type="checkbox"/> Awning/Shutter *	FLR	\$
<input type="checkbox"/> Cell Tower	#	\$
<input type="checkbox"/> Concrete Slab	SF	\$
<input type="checkbox"/> Deck	N/A	\$
<input type="checkbox"/> Demolition	N/A	\$
<input type="checkbox"/> Door	#	\$
<input type="checkbox"/> Garage Door	#	\$
<input type="checkbox"/> Fence	LF	\$
<input type="checkbox"/> Masonry Wall	LF	\$
<input type="checkbox"/> Monument Sign	#	\$
<input type="checkbox"/> Pool/Spa/Hot Tub	SF	\$
<input type="checkbox"/> Roof	SF	\$
<input type="checkbox"/> Screen Enclosure	N/A	\$
<input type="checkbox"/> Shed	N/A	\$
<input type="checkbox"/> Tent/Canopy	#	\$
<input type="checkbox"/> Trailer	#	\$
<input type="checkbox"/> Wall Sign	#	\$
<input type="checkbox"/> Window	#	\$
<input type="checkbox"/> Sunroom	#	\$
<input type="checkbox"/> Misc: _____	#	\$
<input type="checkbox"/> Misc: _____	#	\$

FEE	AMOUNT
Zoning Balance	\$
Zoning Technology	\$
Board of Rules & Appeals	\$
Certification Maintenance	\$
DBPR Surcharge	\$
DCA Surcharge	\$
Building Technology	\$
Fire Permit(s)	\$
Fire DBPR Surcharge	\$
Fire DCA Surcharge	\$
Fire Technology	\$
Other	\$
FEE TOTAL	\$
DEPOSIT CREDIT	\$
TOTAL DUE	\$

* Identify number of floors with awning/shutters

FOR OFFICE USE ONLY: Application Approved By _____ Date _____