

# 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.



Community Development Department - Building Division  
 1607 NW 136 Ave., Bldg. B · Sunrise, FL 33323 · P: 954.572.2354 F: 954.572.2357

For official use only:  
 APP #: \_\_\_\_\_  
 Complete: \_\_\_\_\_

**PLUMBING 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"/> Backflow/Recert	_____ #	\$ _____
<input type="checkbox"/> Demolition	N/A	\$ _____
<input type="checkbox"/> Drainage - Roof	_____ LF	\$ _____
<input type="checkbox"/> Drainage - Storm	_____ LF	\$ _____
<input type="checkbox"/> Intercept/Grease Trap	_____ #	\$ _____
<input type="checkbox"/> Irrigation	N/A	\$ _____
<input type="checkbox"/> Medical Gas	N/A	\$ _____
<input type="checkbox"/> Natural Gas/Propane	N/A	\$ _____
<input type="checkbox"/> Pool/Spa/Hot Tub	N/A	\$ _____
<input type="checkbox"/> Site Sewer	_____ LF	\$ _____
<input type="checkbox"/> Site Water	_____ LF	\$ _____
<input type="checkbox"/> Water Heater	_____ #	\$ _____
<input type="checkbox"/> Well	N/A	\$ _____
<input type="checkbox"/> Misc: _____	_____ #	\$ _____
<input type="checkbox"/> Misc: _____	_____ #	\$ _____
<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	\$ _____
<b>FEE TOTAL</b>	\$ _____
<b>DEPOSIT CREDIT</b>	\$ _____
<b>TOTAL DUE</b>	\$ _____

FOR OFFICE USE ONLY: Application Approved By \_\_\_\_\_ Date \_\_\_\_\_