

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: _____

FIRE 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/Add/Alt	_____ SF	\$ _____
FIRE ALARM PANELS		
<input type="checkbox"/> Control Panel	_____ #	\$ _____
<input type="checkbox"/> Annunciator Panel	_____ #	\$ _____
<input type="checkbox"/> Detector Heads	_____ #	\$ _____
<input type="checkbox"/> Pull Stations	_____ #	\$ _____
<input type="checkbox"/> Horn Strobe/Strobe	_____ #	\$ _____
<input type="checkbox"/> Flow/Tamper Switches	_____ #	\$ _____
<input type="checkbox"/> Smoke Detector	_____ #	\$ _____
<input type="checkbox"/> Access Control Locks	_____ #	\$ _____
FIRE SPRINKLERS		
<input type="checkbox"/> Flow/Tampers	_____ #	\$ _____
<input type="checkbox"/> Siamese Connection	_____ #	\$ _____
<input type="checkbox"/> Hose Cabinet	_____ #	\$ _____
<input type="checkbox"/> Sprinkler Heads	_____ #	\$ _____
FIRE PUMPS		
<input type="checkbox"/> Control _____ GPM	_____ #	\$ _____
<input type="checkbox"/> Control _____ GPM	_____ #	\$ _____
FIRE SUPPRESSION		
<input type="checkbox"/> 1 Cylinder/2 Heads	_____ #	\$ _____
<input type="checkbox"/> Additional Heads	_____ #	\$ _____
<input type="checkbox"/> Additional Cylinders	_____ #	\$ _____
<input type="checkbox"/> Control Panel	_____ #	\$ _____
<input type="checkbox"/> Detector Head	_____ #	\$ _____
<input type="checkbox"/> Tents/Canopies	_____ #	\$ _____
<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	\$ _____

FOR OFFICE USE ONLY: Application Approved By _____ Date _____