



Environmental Protection and Growth Management Department

ENVIRONMENTAL LICENSING AND BUILDING PERMITTING DIVISION

1 North University Drive, Box #302 • Plantation, Florida 33324 • 954-765-4400 • broward.org/permittingandlicensing

BUILDING PERMIT APPLICATION

Select Permit Discipline:

- Building Electrical Mechanical Plumbing Zoning Landscape

Building Permit # _____ **Tax Folio #** _____

Owners Name _____ **Phone #** _____

Owners Address _____ **City** _____ **State** _____ **Zip** _____

Fax #: _____ **Cell #:** _____ **E-mail:** _____

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address (if other than owner)

Address _____ **City** _____ **State** _____ **Zip** _____

Fax #: _____ **Cell #:** _____ **E-mail:** _____

Contractors Name _____ **Phone #** _____

Contractors Address _____ **City** _____ **State** _____ **Zip** _____

Fax #: _____ **Cell #:** _____ **E-mail:** _____

Job Name _____

Job Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Legal description: Lot _____ **Block** _____ **Subdivision** _____

Bonding Company _____

Bonding Company Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Architect/Engineer's Name _____ **Phone #** _____

Architect/Engineer's Address _____ **City** _____ **State** _____ **Zip** _____

Fax #: _____ **Cell #:** _____ **E-mail:** _____

Mortgage Lender's Name _____

Mortgage Lender's Address _____

City _____ **County** _____ **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 OWNERS: 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 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. CHAPTER 2007.221 LAWS OF FLORIDA FS.713.135(1)(a).

Signature of Owner or Agent (including Contractor)

Printed Name of Owner or Agent

State of Florida
County of _____

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

By _____

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification produced _____

Signature of Contractor _____

STATE OF FLORIDA COUNTY OF _____

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

By _____

(Signature of Notary Public-State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification produced _____

Certificate of Competency Holder

Contractor's State Certification or Registration No. _____

Contractor's Certificate of Competency No. _____

Application approved by

_____ Permit Officer

OWNERS ELECTRONIC SUBMISSION STATEMENT: Under Penalty of perjury, I declare that all the information contained in this building permit application is true and correct.

BUILDING CODE IN EFFECT IS THE FLORIDA BUILDING CODE 5TH EDITION (2014)

Present Use _____ Proposed Use _____

Number of Stories _____ Bays _____ Families _____ Bedrooms _____ Bathrooms _____

Type of Work: New Addition Alternation Repair Replace Demolition

Type of Permit Being Requested: _____

Description of Work: _____

Estimated Job Value \$ _____ **Zoning District:** _____

Minimum Floor Elevation Must Be Highest Of

_____ Ft. Above Crown of Road or _____ ft. M.S. L.

Mechanical:

A. A/C Split: Make _____ C.U. # _____ Seer/eer _____

Make _____ A.H.U. # _____ KW _____

B. A/C Package: Make _____ Model # _____ KW _____ Seer/eer _____

Not more that 60 calendar days after the date of notification that the permit is ready for issuance or additional information is required, where such information has not been submitted or the permit has not been purchased, the application and/or the permit shall become null and void. Where an application and/or a permit has become null and void, an applicant may again apply and such applications shall be processed as though there has been no previous application.

In addition to the requirements of this permit there may be additional restrictions to this property that may be found in the public records of this county, and there may be additional permits required from other government entities such as water management districts, state agencies or federal agencies.

Zoning Permit portion of this building permit expires yearly on the anniversary date of issuance until completion. Renewal of Zoning Permit is required if not completed at that time.