



Environmental Protection and Growth Management Department

BUILDING CODE SERVICES DIVISION | RECORDS REQUEST

2307 West Broward Boulevard, Suite #300 • Fort Lauderdale, Florida 33312 • 954-765-4400 • Broward.org/Building

Request for Building Records

Date of Request: _____

Every effort will be made to retrieve records in a timely and reasonable manner, however, there may be a delay if the request is extensive.

Florida Building Code §106.9.2: Approved plans and/or specifications and/or amendments thereto, retained by the Building Official shall become part of Public Records. The Building Official shall notify anyone requesting copies of copyrighted Public Records that they may be violating the Federal Copyright Law.

This serves as your official notification that you may be in violation of the Federal Copyright Law.

Architectural and engineering plans under Seal pursuant to §481.221, §481.251, or §471.025 Florida Statute (F.S.), that are held by a public agency in connection with the transaction of official business are subject to inspection and copying under §199.07(1) F.S.

Pursuant to §119.07(4)(d) F.S., the agency may charge a special service charge in addition to the cost of duplication if a request requires extensive use of clerical, supervisory, and/or information technology resources.

Please Note: Architectural/Building plans for residential buildings and single-family residences are retained for 10 anniversary years after issuance of certificate of occupancy. §119.021(3) (2b) F. S.

Fee Schedule			
Research is charged at a minimum rate of \$50 (nonrefundable) per hour, \$30.00 (nonrefundable) and collected in advance. All fees applicable regardless of findings. Please find the attached Credit Card Authorization form. Please return this form to ELBPDRcordRequests@broward.org			
Microfilm prints	\$1 per sheet		
Photostat copies	First 50 copies up to 8 ½ x 14" no charge, \$.15 each additional copy		
2 sided copies (duplex)	First side \$.15, second side \$.05		
Name		Email	
Phone	FAX	Mobile Phone	
Parcel ID/Folio Number		Address	
City		State	Zip
Subdivision		Lot	Block
Request for	<input type="checkbox"/> Open Permits	<input type="checkbox"/> All Permits	<input type="checkbox"/> Survey <input type="checkbox"/> Drawings <input type="checkbox"/> Other
Description			

➡ Please email the this completed form to ELBPDRcordRequests@broward.org

OFFICE USE ONLY

Permit #	Box #	Microfilm
Notes		

Clerk Initials _____

Item	Amount	Fees per Page	Total
Research Fee	\$50 per hour (<i>min. 1 hr.</i>)	Research Time	_____
Microfilm Prints	_____	\$1.00	_____
Photostat copies	_____	\$0.50	_____
<i>additional copies</i>	_____	\$0.15	_____
Two-Sided Copies	_____	\$0.15	_____
<i>additional copies</i>	_____	\$0.05	_____

Total: \$ _____

For Cashier Validation ONLY CAT/CODE 4010/4030



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Print

Credit Card Authorization

Card Information			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Cardholder's Name			
Card #	Expiration Date		
Billing Address <i>(PO Box not accepted)</i>	City	State	Zip
Phone	Fax		
Fee Description			
<input type="checkbox"/> Contractor Licensing <input type="checkbox"/> Building Permitting <input type="checkbox"/> Elevator Permitting <input type="checkbox"/> Elevator Certificate of Operation <input type="checkbox"/> Tree Trimmer Licensing <input type="checkbox"/> Building Code Violation and Property Research <input type="checkbox"/> Records Request	License, Permit or Application #		
	Applicant, Facility or Project Name		
	Facility or Project Location		
	Building Records <input type="checkbox"/> Research <input type="checkbox"/> Copies		
	Re-inspection(s) <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Zoning		
	(a) Elevator or Escalator BCID #		
	(b) Elevator or Escalator BCID #		
	(c) Elevator or Escalator BCID #		
	Notes/Other		

I authorize Broward County to charge _____ to my credit card account, plus

Signature

Date

FAX this completed authorization form to 954-765-4410.
Do not email or upload this document to the ePermitting portal