

ENVIRONMENTAL PERMITTING DIVISION

1 North University Drive, Mailbox #201 • Plantation, Florida 33324 • 954-519-1483 • FAX 954-519-1412

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Facility Information		
Facility Name	Owner Name	
Facility Address (street, city, state & zip)	Mailing Address (street, city, state & zip)	
Parcel # (can be found at www.bcpa.net)	E-mail Address	
Business Telephone # () -	Owner Telephone # () -	
Business Fax # () -	Owner Fax () -	
Number of Cooling Towers at Facility (installed after May 31, 2012)		
You MUST provide the following:	Payment Information	
A Completed Affidavit of Compliance and Log of Operation and Maintenance for each tower installed after May 31, 2012 (Attached)	Credit Card Payment	
	Please fax the credit card authorization form to (954)-519-1412	
New License Fee of \$100 per tower	Check Payment Payable to:	
	BROWARD COUNTY,	
	BOARD OF COUNTY COMMISSIONERS	
I certify, under penalty of law that the information provided on this application is true and correct and I acknowledge that I am aware that all information I provide with my application, except credit card numbers, is a matter of public record and is not considered confidential.		
X	Return this Environmental Permitting Division Application to: Attn: Cooling Tower Licensing 1 N. University Dr, Box #201 Plantation, FL 33324	
Signature of Owner Date		

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AFFIDAVIT OF COMPLIANCE (To be completed by service provider. Attach one form per cooling tower installed after May 31, 2012.)			
	d with the Broward County Code of Ordinal	the above referenced facility are operating in full c nces, Chapter 34, Article VII (Broward County Co	
Description of Cooling To	ower (i.e. serial number, location, etc.):		
The cooling tower:			
1. achieves	cycles of concentration (a minimum	n of eight cycles of concentration is required);	
2. is operating wi	th conductivity controllers and make-up	and blow down meters; and	
 is equipped wi water volume f 	th efficient drift eliminators that achieve for counterflow towers and 0.005% of the	a drift reduction to a maximum of 0.002% of t e recirculated water volume for cross-flow tow	he recirculated ers.
		Service Provider Name:	
X			
Signature of Service Prov	ider Date	Service Provider Phone # () -	
LOG OF OPERATION AND MAINTENANCE FOR COOLING TOWER SYSYEM COMPONENTS (Attach additional pages if required.)			
DATE OF SERVICE	T	PE OF SERVICE PROVIDED	