



## COOLING TOWER LICENSE APPLICATION

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 <sup>st</sup> , 2012)	
<b>You MUST provide the following:</b>	<b>Payment Information</b>
<ul style="list-style-type: none"> <li>A Completed Affidavit of Compliance and Log of Operation and Maintenance for each tower installed after May 31<sup>st</sup>, 2012 (Attached)</li> <li>New License Fee of \$100 per tower</li> </ul>	<b>Credit Card Payment</b>
	Please fax the credit card authorization form to (954)-519-1412
	<b>Check Payment Payable to:</b>
	BROWARD COUNTY, BOARD OF COUNTY COMMISSIONERS
<b>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.</b>	
<b>X</b> _____ Signature of Owner <span style="float: right;">Date</span>	Return this Application to: Environmental Permitting Division Attn: Cooling Tower Licensing 1 N. University Dr, Mailbox #201 Plantation, FL 33324

