# **Broward County Board of Rules and Appeals**

## Certification for Structural Plans Examiner

For the Building Department of:		
Name:		
Home Address:		
City:	State:	Zip:
Phone:	Email Address:	
	ans Examiner. To be eligible for apportandard Plans Examiner or be a Flori	ointment as a Structural Plans Examiner, such ida Registered Architect or Florida Licensed
104.10.1.1 Such person shall be certified	I by BORA and shall meet at least one	of the following qualifications:
	ve (5) years within the State of Florida	ssional Engineer, in the discipline requested and a, two (2) years of which shall have been within
	appointed as such, for a minimum of or th at least one (1) of the qualifications	ne (1) year by an AHJ or school board within the of Section 104.16.3.1.
	o otherwise meet the requirements of	duals holding current Building Contractor or the appropriate section under which they are
<b>104.10.1.3</b> Each of the applicants shall Architect registration issued by at least of		petency or a Professional Engineer license or

- A. Florida Construction Industry Licensing Board
- B. Broward County Central Examining Board of Building Construction Trades
- C. Miami-Dade County Construction Trades Qualifying Board
- **D.** Florida Board of Professional Engineers
- E. Department of Business and Professional Regulation as an Architect

### **Broward County Board of Rules and Appeals**

Note:	All applications shall include the required information listed below, failure to include these items may result in a rejection of this application.								
	This application is to be signed by the Building Official, Chief Executive Officer, Human Resources Director, or other duly authorized representative. For Building Official or Assistant Building Official, the CEO (City Manager, Acting City Manager or Mayor) shall sign.								
	2. Provide a clear copy of a current photo ID.								
	3. Provide a copy of all Florida State certifications and/or provisional licenses for each BCAIB certification, also copies of appropriate Certificate of Competency.								
	4. Provide detailed résumé of experience and licensure.								
	5. Provide verifiable evidence of employment such as, IRS forms, tax returns, W-2 forms or notarized written statements (affidavit) including contact information attesting to employment from former employers, partners, or design professionals knowledgeable of the applicant professional or trade experience.								
	6. <b>OPEN PERMIT AFFIDAVIT:</b> At the time the applicant submits application for certification to BORA, all outside free enterprise shall cease. The applicant is required to provide a notarized affidavit including a detailed list of all open and ongoing projects currently under construction which will include information such as the municipality they are located within, the existing permit number and the time frame in which the project will be completed. This time frame shall not exceed a six-month period from the time the application for certification was submitted to BORA. If no open permits exist, provide a notarized affidavit stating such. Please see BORA Policy #18-02 for all specific requirements of open permits.								
***BOR	A staff is authorized to request additional information to verify employment and/or experience***								
Note:	A 120-day temporary staff approval will be issued to a qualified applicant after his/her application for a Provisional License has been accepted by DBPR. A certification card will be mailed to the endorsing Building Official after the applicant has received his/her Standard License from DBPR and approved by the Board of Rules and Appeals.								
	rsigned submitting this application for certification, indicates compliance and vouches for the truth and accuracy of all statements and answers herein contained by is/her signature below.								
	Type/Print Name of Applicant  X Signature of Applicant								
	Type/Print Name of Applicant Signature of Applicant								
STATE	OF FLORIDA, COUNTY OF								
Sworn to	(or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by								
	V								
-	Type/Print or Stamp Notary's Name  X  Notary's Signature as to Applicant's Signature								
Person	ally Known Produced Identification								
Type o	f Identification Produced								
The unde	rsigned attest for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below.								
	X								
	int Name of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative  Signature of Building Official, Chief Executive Officer, Human Resources Director or other duly authorized representative								
STATE	OF FLORIDA, COUNTY OF								
Sworn to	(or affirmed) and subscribed before me by means of physical presence or online notarization, this day of, 20 by								
	Type/Print or Stamp Notary's Name  X  Notary's Signature as to Applicant's Signature								
Persona	ally Known Produced Identification								
Type o	f Identification Produced								
Approved	I by BORA on the day of, 20								

Effective: 05/09/2014 Revised: 02/09/2023

Subject: Policy/Affidavit to ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida

#### POLICY/AFFIDAVIT

The requirements below have been adopted by vote of the Broward County Board of Rules and Appeals on April 10, 2014, to help ensure compliance with Chapter 71-575, paragraph 4(b), Laws of Florida.

#### NOTICE

All applicants for certification or re-certification are required to execute the following statement and to have same notarized by a duly authorized Notary. Failure to execute and have this statement notarized will prevent the certification/re-certification process from proceeding to completion.

#### THE UNDERSIGNED HEREBY VOLUNTARILY AND KNOWINGLY STATES AS FOLLOWS:

The undersigned has read Chapter 71-575, paragraph 4(b), Laws of Florida and has had the opportunity to have same reviewed and explained by legal counsel. Undersigned understands the terms of same and that any Inspector (such as and including but not limited to structural, engineering, plumbing, mechanical, or electrical) or other building official charged with enforcing or otherwise supervising or inspecting any work covered under any section of the Florida Building Code as applicable to Broward County pursuant to Chapter 71-575, Laws of Florida, and who is required to hold or who otherwise holds a Certificate of Competency in any area of construction shall not use his/her Certificate of Competency to engage in free enterprise thereby, competing against persons or firms that may do business within Broward County whose work he/she may also inspect, nor may he/she allow his/her Certificate of Competency to be used by another person or firm. This includes any activity, such as, but not limited to bidding, contracting, code consulting, design, employment, plan review, special building inspections, etc., regardless of compensation. The undersigned makes application for certification or recertification, affirms compliance with aforementioned Code Section, and vouches for the truth and accuracy of all statements and answers herein contained by affixing his/her signature below. The undersigned agrees that failure to comply with the requirements of chapter 71-575, Laws of Florida, shall be considered a material breach of the terms of certification and may result in decertification/denial of certification.

A copy of a legal opinion with respect to Chapter 71-575, Laws of Florida, is available upon request.

The undersigned submitting this application for certification, ac affixing his/her signature below.	cknowledges	s and indicates compliance with all statements contained by	
Type/Print Name of Applicant	Χ _	Signature of Applicant	
Type Time Name of Applicant		Signature of Applicant	
STATE OF FLORIDA, COUNTY OF			
Sworn to (or affirmed) and subscribed before me by means of	_ physical pre	resence or online notarization, this day	
of by			
	X _		
Type/Print or Stamp Notary's Name		Notary's Signature as to Applicant's Signature	
Personally Known Produced Identification		_	
Type of Identification Produced			

Editor's Note: Affidavit was authorized by BORA vote on May 8, 2014, and was issued by the Board Chair on May 9, 2014.

Broward County Board of Voluntary Open Permit Af	Certification Application Date				
* Per Florida Statute 71-575 (4)b, confrom the time that the application for Appeals:		on submission, provide the 180-day period oward County Board of Rules and			
Please list all active and/or inactiv	ve permits under construction:				
f this is not applicable, please ch	eck this box.				
EXISTING PERMIT NUMBER	MUNICIPALITY		ESTIMATED DATE OF COMPLETION		
_					
appeals no later than 30 days prior to the suppeals no later than 30 days prior to the suppeals of the suppeal					
X	Type/Print Applicant Name	X		Signature of Applicant	
STATE OF FLORIDA COUNTY					
Sworn to (or affirmed) and subscribe	ed before me by means of	physical presence or	online no	otarization, this	
day of	, 20 by				
Тур	pe/Print or Stamp Notary's Name	XNot	ary's Signature as to	o Applicant's Signature	
Personally Known Pro	oduced Identification				
Type of Identification Produced		_			

Certification