



Industrial Review Application

Project Information			
Name of Project			
Address	City	State	Zip
Property Owner Name			
Company Name			
Contact		Title	
Phone	Email		
Mailing Address	City	State	Zip
If Leased, Tenant			
Company Name			
Contact		Title	
Phone	Email		
Mailing Address	City	State	Zip
Proposed Use of Building or Property			
Expected Project Start Date		Expected Completion Date	
What, if any, products will be manufactured and what processes will be used?			
Do you presently have any industrial permits?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any discharges other than domestic sanitary waste?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this facility have any disposal wells, percolation ponds, soakage pits, or French drains?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any floor drains (other than rest rooms)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any solvents be used in your processes?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any toxic/hazardous waste be produced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any industrial sludge be produced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any particulate matter or dust be produced?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any strong or objectionable odors be emitted?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will any noise producing machinery such as grinders, chippers or hammering devices be used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any incineration be used on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any x-ray or photographic equipment used (other than copy machines)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be, or are there any existing, emergency generators involved in this project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be any car, truck or equipment washing done at this site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any surface coating (painting) be performed at this site once the facility is in operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will project utilize any above ground or underground storage tanks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this facility be utilized to repair vehicles or equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered YES to any of the preceding questions, please comment below or attach additional information.		
Comments		

<p>WARNING Broward County Code of Ordinances prohibit industrial discharges to drainfields, disposal wells, percolation ponds, soakage pits, French drains, sanitary sewers or storm sewers without prior approval of the Broward County Resilient Environment Department (RED).</p> <p>The undersigned certifies under penalty of perjury, that the information herein and all submitted supplemental documentation is true and correct.</p>		
_____	_____	_____
Owner/Tenant/Authorized Representative Signature	Title	Date
RED Comments		
Reviewed By	Date	
<input type="checkbox"/> Future industrial uses must be approved by the Resilient Environment Department (RED)		
<input type="checkbox"/> A Hazardous Material license will / may be required upon operation of the facility		
<input type="checkbox"/> No vehicle washing is permitted		
<input type="checkbox"/> Current Resilient Environment Department Licenses for this facility must be kept active and valid		
<input type="checkbox"/> All discharges other than storm water must be to a sanitary sewer system		
<input type="checkbox"/> Septic Tank is for domestic waste only, NO industrial discharges are permitted		
<input type="checkbox"/> COMMENTS:		
Well Field #	Zone#	WWTP
<p>The undersigned has received a copy of the above comments by RED and understands that approval of this project is conditional to the acceptance of these comments by the applicant. The applicant agrees to the conditions set forth above and will construct or operate the project or facility accordingly.</p>		
_____	_____	_____
Owner/Tenant/Authorized Representative Signature	Title	Date