

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

	Job Address:	Unit:	City:
	Tax Folio No.:	Flood Zn:	BFE: Floor Area: Job Value:
	Building Use:	Construction Type:	Occupancy Group:
1	Present Use:	Proposed Used:	
	Description of Work:		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other:		
	Legal Description: <input type="checkbox"/> Attachment		

2	Property Owner:	Phone:	Email:
	Owner's Address:	City:	State: Zip:

3	Contracting Co.:	Phone:	Email:
	Company Address:	City:	State: Zip:
	Qualifier's Name:	Owner-Builder: <input type="checkbox"/>	License Number:

	Architect/Engineer's Name:	Phone:	Email:
	Architect/Engineer's Address:	City:	State: Zip:
	Bonding Company:		
4	Bonding Company Address:	City:	State: Zip:
	Fee Simple Titleholder's name (if other than owner):		
	Fee Simple Titleholder's Address (If other than owner):	City:	State: Zip:
	Mortgage Lender's Name:		
	Mortgage Lender's Address:	City:	State: Zip:

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

FLORIDA JURAT
FS 117.05(13) — Effective January 1, 2020

State of Florida }
County of _____ }

Sworn to (or affirmed) and subscribed before me by means of

Physical Presence,

— OR —

Online Notarization,

this _____ day of _____, _____, by
Day Month Year

Name of Person Swearing or Affirming

Signature of Notary Public — State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____