

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:
4	Architect/Engineer's Name:	Phone:	Email:
	Architect/Engineer's Address:	City:	State: Zip:
	Bonding Company:		
	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
COUNTY OF

STATE OF
COUNTY OF

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.

Construction Cost Verification Form

This form shall be used to approve the value of the work being performed as determined by the Building Official for the purposes of building permit fee determination. A copy of the contract will be presented to the Building Department at time of submittal and kept on file with this verification form. In lieu of providing a contract, or if a discrepancy in contracted amount your actual cost of contracted services, for the purposes of building permit fee determination, will be determined based upon the City's Building Department's Cost Calculation (see below) utilizing R.S. Means as approved by the Building Official per 2014 FBC Section 109.3.

Type of Construction: Residential Commercial

PROJECT NAME:	CONTACT NAME:
PROJECT ADDRESS:	PHONE NUMBER:

Building Use: _____ (ie. single family, multi-family, hotel, warehouse, office, etc.)

Brief Job Description: _____

I, _____, hereby submit the following contract as evidence of the project's true cost, or request the fee be calculated, as I have indicated below. I am the owner or I have been given authorization from the property owner to use the method indicated to calculate my fee. I understand that this form becomes a part of my application, and I am consenting to the fee calculated by the method chosen in accordance with the Building Department Fee Schedule.

I understand and agree that any error, misstatement or misrepresentation of material, fact or expression of material, or any change in the accompanying contract (if applicable) made subsequent to the issuance of a permit in accordance with the application and this form, without the approval of the Chief Building Official, shall constitute sufficient grounds for the revocation of such permit. Instances of fraud shall be prosecuted to the fullest extent possible under the law.

This form and the attached contract are true and correct to the best of my knowledge and belief.

* Signature of Contractor, Owner or Owner's Agent

Date

FOR BUILDING DEPARTMENT USE ONLY

DATE RECEIVED: _____ PERMIT CLERK _____

CONTRACTED AMOUNT ACCEPTED: _____

COST CALCULATION (IF APPLICABLE):

RS Means Square Foot Cost

Construction Type _____

Square Footage _____

Cost per Square Foot _____

Total Construction Cost approved by the Building Department = _____

CHIEF BUILDING OFFICIAL _____ DATE REVIEWED: _____