

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

STATE OF _____
COUNTY OF _____

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

(Type / Print Property Owner or Agent Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature
Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

X _____
Signature of Qualifier

STATE OF _____
COUNTY OF _____

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

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Qualifier's Signature
Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

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.



CITY OF LIGHTHOUSE POINT MECHANICAL ADDENDUM

PERMIT NO _____

ISSUE DATE _____

CHECK NO _____

FOLIO NO
OWNER'S NAME
OWNER'S ADDRESS
CITY ZIP PHONE
CONTRACTING FIRM
MAILING ADDRESS
CITY ZIP PHONE
JOB ADDRESS
LOT BLOCK SUBDIVISION
WORK DESCRIPTION

JOB DATA			
	QUANTITY	JOB COST	PERMIT VALUE
A/C COMPRESSOR	_____	\$ _____	\$ _____
A/C AIR HANDLER	_____	\$ _____	\$ _____
A/C TONS	_____	\$ _____	\$ _____
KW HEATS	_____	\$ _____	\$ _____
DUCT DROPS	_____	\$ _____	\$ _____
EXHAUST FANS	_____	\$ _____	\$ _____
SUPPLY FANS	_____	\$ _____	\$ _____
DRYER EXHAUST	_____	\$ _____	\$ _____
KITCHEN EXHAUST	_____	\$ _____	\$ _____
REFRIG EQUIP HP	_____	\$ _____	\$ _____
WALK IN COOLER	_____	\$ _____	\$ _____
MEDICAL GAS	_____	\$ _____	\$ _____
PNEUMATIC SYS	_____	\$ _____	\$ _____
CHILLER TONS	_____	\$ _____	\$ _____
WATER TOWER	_____	\$ _____	\$ _____
COMMERCIAL HOOD	_____	\$ _____	\$ _____
AUTO EXTING SYS	_____	\$ _____	\$ _____
BOILERS	_____	\$ _____	\$ _____
GASOLINE FUEL	_____	\$ _____	\$ _____
TANKS (GAL)	_____	\$ _____	\$ _____
FUEL PUMPS	_____	\$ _____	\$ _____
PIPING	_____	\$ _____	\$ _____
AIR COMPRESSOR	_____	\$ _____	\$ _____
VAC SYSTEM (#OUTLET)	_____	\$ _____	\$ _____
FIREPLACE	_____	\$ _____	\$ _____
OTHER	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____

ADDENDUM COMPLETED BY: _____

PLAN REVIEW DEPOSIT- CK #	\$ _____
PERMIT VALUE	\$ _____
DEPOSIT CREDIT	\$ _____
PERMIT BALANCE AFTER DEPOSIT	\$ _____
PLAN REVIEW (-\$15)	\$ _____
RADON	\$ _____
RADON	\$ _____
CODE COMPLIANCE	\$ _____
TOTAL PERMIT COST	\$ _____

TO **SCHEDULE** INSPECTIONS, CALL 954-784-3449 BEFORE 3:00 P.M.
 FOR NEXT BUSINESS DAY INSPECTION. TO **CANCEL** AN INSPECTION ,
 CALL 954-784-3449 BEFORE 8:15 A.M..

Please note: All registrations must be up to date to schedule inspections

NTFD _____

LEFT MSG _____