BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION						
Select One Trade: 🔲 Building	Electrical	Plumbing	g 🗌 Mech	anical	Other_	
Application Number:				Applica	tion Date:	
Job Address:			Unit:	City:		
Tax Folio No.:	Flood Zn:	BFE: FI	oor Area:		Job Value:	
Building Use:		Construction Type: Occupancy Group:			Group:	
Present Use:		Proposed	Used:			
Description of Work:						
New Addition Repair	Alteration		Revision	Othe	r:	
Legal Description:						Attachment
Property Owner:		Phone:		Email:		
Owner's Address:			City:		State:	Zip:
						•
Contracting Co.:		Phone:		Email:		
Contracting Co.: Company Address:		Phone:	City:	Email:	State:	Zip:
-			City:		State: Number:	Zip:
Company Address:			-			Zip:
Company Address: Qualifier's Name:		Owne	-	License		Zip: Zip:
Company Address: Qualifier's Name: Architect/Engineer's Name:		Owne	er-Builder:	License	Number:	·
Company Address: Qualifier's Name: Architect/Engineer's Name: Architect/Engineer's Address:		Owne	er-Builder:	License	Number:	·
Company Address: Qualifier's Name: Architect/Engineer's Name: Architect/Engineer's Address: Bonding Company:	ther than owner	Owne:	er-Builder:	License	Number: State:	Zip:
Company Address: Qualifier's Name: Architect/Engineer's Name: Architect/Engineer's Address: Bonding Company: Bonding Company Address:		Owne: Phone:):	er-Builder:	License	Number: State:	Zip:
Company Address: Qualifier's Name: Architect/Engineer's Name: Architect/Engineer's Address: Bonding Company: Bonding Company Address: Fee Simple Titleholder's name (if o		Owne: Phone:):	City:	License	Number: State: State:	Zip: 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	X
Signature of Property Owner or Agent COUNTY OF	Signature of Qualifier 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 Name (Print, Type or Stamp Notary's Name Personally Known or Produced Identification	
Type of Identification Produced	Type of Identification Produced
APPROVED BY: Permit Officer Iss A jurisdiction may use a supplemental page requesting add	ue Date: Code in Effect: itional 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.