

## 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

STATE OF FLORIDA  
COUNTY OF BROWARD

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 FLORIDA  
COUNTY OF BROWARD

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.

**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: \_\_\_\_\_