## **BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION**

Select One Trade:	Building	Electrical	l Plumbi	ng Mechar	nical Other		
Application Number:					Application Date	e:	
Job Address:				Unit:	Ci	ty:	
Tax Folio No.:			Flood Zn:	BFE:	Floor Area: _		Job Value:
Building Use:			Construction	Туре:	Occupa	ncy Group:	
Present Use:				Proposed Used:			
Description of Work	:						
New A	Addition	Repair	Alteration	Demolition	Revision	Othe	r:
Legal Description:						_	Attachment
Property Owner: _			Phone:		Email:		
Owner's Address:				City:		State:	Zip:
Contracting Co.: _			Phone:		Email:		
Company Address:				City:		State:	Zip:
Qualifier's Name:				Owner-Builder	License Number	:	
Architect/Engineer's	Name:			Phone:	En	nail:	
Architect/Engineer's	Address:			City:		State:	Zip:
Bonding Company:							
Bonding Company's	Address:			City:		State:	Zip:
	der's Name ( <i>If ot</i>	her than the ov	vner)				
Fee Simple Titlehold (If other than the ow				City:		State:	Zip:
Mortgage Lender's l	Name:						
Mortgage Lender's I	Name: _			City:		State:	Zip:

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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.

XSignature of Property Owner or Agent ( <u>Including Contractor</u> )	XSignature of <del>Qualifier</del> <u>Contractor</u>
STATE OF FLORIDA COUNTY OF BROWARD	STATE OF FLORIDA COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me <u>by means of</u> physical presence oronline notarization, thisday of	Sworn to (or affirmed) and subscribed before me <u>by means of</u> <u>physical presence or</u> <u>online notarization</u> , this day of
, 20 by	, 20 by
(Type/Print Property Owner or Agent Name)	(Type/Print Property Owner or Agent 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 Produced Identification	Personally Known Produced Identification
Type of Identification Produced	Type of Identification Produced
APPROVED BY:  FOR OFFICE USE ONLY  Permit Officer Issue Date	: Code in Effect: FOR OFFICE USE ONLY

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.