

# BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade:  Building     Electrical     Plumbing     Mechanical     Other \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

<b>1</b>	Job Address: _____		Unit: _____	City: _____		
	Tax Folio No.:	Flood Zn:	BFE:	Floor Area:	Job Value:	
	Building Use: _____			Construction Type: _____		Occupancy Group: _____
	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

<b>2</b>	Property Owner: _____	Phone: _____	Email: _____		
	Owner's Address: _____	City: _____	State: _____	Zip: _____	

<b>3</b>	Contracting Co.: _____	Phone: _____	Email: _____		
	Company Address: _____	City: _____	State: _____	Zip: _____	
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____		

<b>4</b>	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 FLORIDA  
COUNTY OF BROWARD

STATE OF FLORIDA  
COUNTY OF BROWARD

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.

**Building Division**  
 100 W Dania Beach Blvd 33004  
 Permitting: 954-924-6805 x3694 / x3652  
 Inspections: 954-924-6805 x3709 / x3700  
 Zoning: 954-924-6805 x3793  
 Fax: (954) 922-2687

**BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION ATTACHMENT**

**CITY OFFICE USE ONLY**

<b>CONTRACTOR:</b>				<b>PERMIT #:</b>		
<b>DEPT APPROVAL</b>	<b>INSPECTOR</b>	<b>REJ</b>	<b>REJ</b>	<b>REJ</b>	<b>REJ</b>	<b>APPROVED</b>
<b>ZONING</b>						
<b>FLOOD</b>						
<b>STRUCTURAL</b>						
<b>ELECTRICAL</b>						
<b>ELECTRIC FIRE ALARM</b>						
<b>PLUMBING</b>						
<b>PLUMBING FIRE SPRINKLER</b>						
<b>MECHANICAL</b>						
<b>PUBLIC WORKS</b>						
<b>LANDSCAPE</b>						
<b>FIRE</b>						
<b>FIRE SPRINKLER</b>						
<b>FIRE ALARM</b>						
<b>ENGINEERING</b>						

**Corrections received:**

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**Application Approved by:** \_\_\_\_\_ **(Permit Office) Effective Code: 20** \_\_\_\_ **Florida Building Code**

**Notes:**

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NOC \_\_\_\_\_ CONTRACT \_\_\_\_\_ OWNER BUILDING AFFIDAVIT \_\_\_\_\_ SWALE AFFIDAVIT \_\_\_\_\_  
 Occupancy Type \_\_\_\_\_ Construction Type \_\_\_\_\_ Lowest Floor Elevation \_\_\_\_\_ Flood Zone \_\_\_\_\_  
 Elevation Certificate \_\_\_\_\_ Code Violation: \_\_\_\_\_



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# 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: \_\_\_\_\_