

# 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

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 \_\_\_\_\_