BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

	Select One Trade: Building Electrical Pl	umbing	anical Other		
MICHIGA	Application Number:		Application Date:		
	Job Address:	Unit:	City:		
	Tax Folio No.: Flood Zn: BFE:	Floor Area:	Job Value:		
		nstruction Type:	Occupancy	Group:	
1	Present Use: Pre	oposed Used:			
	Description of Work:				
	☐New ☐Addition ☐Repair ☐Alteration ☐Dem	nolition Revision	Other:		
	Legal Description:			□Attachment	
2	Property Owner: F	Phone:	Email:		
2	Owner's Address:	City:	State:	Zip:	
	Contracting Co.:	Phone:	Email:		
3	Company Address:	City:	State:	Zip:	
	Qualifier's Name:	Owner-Builder:	License Number:		
	Architect/Engineer's Name: P	hone:	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):	Oit	01-1-		
	ree 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		X			
Signature of Property Owner or Agent COUNTY OF BROWARD		STATE OF FLORIDA COUNTY OF BROWARD		Signature of Qualifier	
Sworn to (or affirmed) and subscribed before me this day of by		Sworn to (or affirmed) and		s day of	
	(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					
Noton: Nome		Notary Name			
Personally Known or Produced Identification		(Print, Type or Stamp Notary's Name)			
		Personally Known or Produced Identification			
APPROVED BY: Permit Officer					

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.

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