



BUILDING PERMIT APPLICATION
 3801 N. University Dr. Ste. 401 PERMITS (954) 572-2354
 Sunrise, Florida 33351 FAX (954) 572-2357

INSPECTIONS
 (954) 572-2380 • 8:00 - 3:00

PERMIT APPLICATION DATE
 CITY OF SUNRISE USE ONLY

PERMIT No.

FOLIO NUMBER:

SEC _____ TWP. _____ ACE. _____ ZONE _____

OWNERS

OWNER'S ADDRESS

CITY _____ PHONE _____

CONTRACTING FIRM

MAIL ADDRESS

CITY _____ PHONE _____

JOB ADDRESS

LOT _____ BLOCK _____

SECTION _____ ADDITION _____

PRESENT USE

PROPOSED USE

NUMBER OF STORIES _____ OFFICES _____

FAMILIES _____ BEDROOMS _____ BATHS _____

TYPE OF WORK ADD NEW ALTER REPAIR

DESCRIBE

APPLICATION is hereby made to obtain permit to do the work and installations as hereon indicated. I certify that no work or installation has been effected prior to the issuance of said permit and that all work will be performed to meet the standards of all laws regulating construction in BROWARD COUNTY and the CITY OF SUNRISE whether specified in this application and accompanying plans or not. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, WELLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS.

CONTRACTOR

Certificate of Competency No. _____

State Registration No. _____

I certify that all work will be done to comply to all FEDERAL, STATE, COUNTY & CITY laws, rules, regulations and resolutions regulating construction and zoning, and further state that no violation exists on this property.

Print Name _____

Signature _____

STATE OF FLORIDA
 COUNTY OF BROWARD

Subscribed & Sworn before me this _____ day of _____, 20____.

Notary Public

This permit is not valid until signed by an authorized representative of the SUNRISE BUILDING DEPT. & all fees are paid.

Structural Plans

Approved By: _____

LICENSE & INSURANCE

Approved By: _____

Residential _____ Commercial _____

Square Feet _____ Occupancy _____

Fire Fee _____ Type _____

Principal Bldg. \$ _____ \$ _____

B.R.A. Surcharge _____

Radon Trust Fund _____

Building Code Fund _____

Certification Maint. Fee _____

Roof _____

Addition _____

Alteration _____

Pool _____

Fence _____

Screen/Pool Encl. _____

Concrete Slab _____

Awning/Tent _____

Sign _____

Other _____

Plan Submittal Fee Pd # _____ (_____)

TOTAL AMOUNT DUE \$ _____

Remarks _____

"FAILURE TO COMPLY WITH THE MECHANICS' LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS."

"NOTICE, in addition to the requirements of this PERMIT, there may be additional restrictions applicable to this property that may be found in the public records of this County, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies."

- ➔ Give 24 hours notice for inspections.
- Plans must be on the job before inspection will be made.
- Obtain certificate of occupancy from Dept. before using completed Building.

ELEVATION

PROPOSED

ASBUILT

Finish Floor _____

Crown of Road _____

All Elevations N.G.V.D. _____

**CITY OF PLANTATION, FLORIDA
DIVISION OF BUILDING INSPECTION
401 N.W. 70th Terrace • Plantation, Florida 33317 • Phone 797-2278**

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APPLICATION FOR BUILDING PERMIT		DATE _____
CONTRACTOR'S NAME		PHONE _____
CONTRACTOR'S ADDRESS		CITY I.D. # _____
OWNER'S NAME		PHONE _____
JOB ADDRESS		
LOT	BLOCK	SUBDIVISION
ZONING	FOLIO NO.	
SETBACKS	FRONT _____ SIDE _____ REAR _____ CORNER _____	
PURPOSE	TYPE OF WORK _____ INTENDED USE _____	
	INT. _____	
	EXT. _____	
SQ. FT. LIVING AREA (NOT TO INCLUDE GARAGE)		
LIVING AREA (INCLUDE GARAGE)		
OTHER AREA (PORCHES, PATIOS, WALKWAYS)		
TOTAL AREA		
LIN. FT.	SQ. FT.	1st FLOOR MSL
TYPE OF CONSTRUCTION		OCCUPANCY GROUP
COST OF IMPROVEMENT		OCCUPANT LOAD
ARCHITECT / ENGINEER		
FEE SIMPLE TITLE HOLDERS NAME (IF OTHER THAN OWNER)		
FEE SIMPLE TITLE HOLDERS ADDRESS (IF OTHER THAN OWNER)		
BONDING COMPANY'S NAME		
BONDING COMPANY'S ADDRESS		
MORTGAGE LENDER'S NAME		
MORTGAGE LENDER'S ADDRESS		

CONDITIONS UNDER WHICH APPROVED:	
P.A.C. REQUIRED	YES _____ NO _____
MASTER PLAN	YES _____ NO _____
BEFORE ANY STRUCTURE, OR PART THEREOF, IS USED OR OCCUPIED, A CERTIFICATE OF OCCUPANCY MUST BE ISSUED BY THE CHIEF BUILDING OFFICIAL.	
APPROVED BY	
ZONING	DATE
STRUCTURAL	
ELECTRICAL	
MECHANICAL	
PLUMBING	
FIRE	
LANDSCAPE	
ENGR.	
UTILITIES	
THIS PERMIT	PERMIT FEE
LANDSCAPE	
FIRE	
OTHER	
TOTAL AMOUNT	
<div style="border: 2px solid black; width: 100px; height: 40px; margin: 0 auto;"></div>	

DATE _____

Owner, Contractor AFFIDAVIT:
THE UNDERSIGNED APPLICANT DOES HEREBY:
 Request that a building permit be issued to do the work and installations as indicated. I certify, that no work or installation has commenced prior to the issuance of a permit, that all work will be performed to meet the standards of all laws regulating construction in the CITY OF PLANTATION whether specified in this application and accompanying plans or not, and that all the foregoing information is accurate. Furthermore, if I am not the person whose property may be subject to Florida Construction Law, I promise, in good faith that the Construction Lien Statement furnished to me by the Building and Zoning Department will be delivered by me to the person whose property is subject to the Lien Law and to the Attachment Proceeding authorized under it.

Signature of Owner, Contractor or Agent

Signature of Notary Public, State of Florida

FAILURE TO COMPLY WITH MECHANICALS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENT.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR BUILDING IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

All city streets, sidewalks and curbs damaged due to this construction shall be repaired to the satisfaction of the Public Works Department prior to issuing the Certificate of Occupancy. City properties on which earth spills or other debris falls shall be cleaned immediately. The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Printed, Stamped or Typed Name of Notary Public
 _____ Personally known
 _____ Produced Identification
 _____ Type of Identification Produced



**City of Pembroke Pines
BUILDING DIVISION
BUILDING PERMIT APPLICATION**

Form Last Revised: 10/22/2002

DATE: _____ Check here if custom:
 JOB #: _____ APP#: _____
 MASTER#: _____ PERMIT #: _____
 FOLIO #: _____ DPEP #: _____

OWNER: _____ Telephone: _____ Fax: _____
 Address: _____ City/ST/Zip: _____

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER)

Address: _____ City/ST/Zip: _____

CONTRACTOR: _____ Telephone: _____ Fax: _____
 Address: _____ City/ST/Zip: _____

ARCHITECT/ENGINEER: _____ Telephone: _____ Fax: _____
 Address: _____ City/ST/Zip: _____

BONDING COMPANY: _____
 Address: _____ City/ST/Zip: _____

MORTGAGE LENDER: _____
 Address: _____ City/ST/Zip: _____

Address: _____ City/ST/Zip: _____

NON-RESIDENTIAL SHELL PERMIT NO. (if applicable) _____ BAY / SUITE NO. / UNIT NO. _____

JOB NAME: _____ JOB ADDRESS: _____

CENTER/BLDG. NAME: _____ BUILDING INFO: (Check and fill in for EXISTING or NEW):

DESCRIPTION OF WORK: _____ If Existing: _____ Repair _____ Alteration _____ Completion _____ Addition _____
 If New: _____ # of Stories _____ # of Baths _____ # of Offices/Bays _____

RESIDENTIAL LOT/UNIT: _____ BLK/PARCEL (BLDG.): _____

SUBDIVISION: _____ JOB ADDRESS: _____

DESCRIPTION OF WORK: _____ BUILDING INFO: (Check and fill in for EXISTING or NEW)

If Existing: _____ Addition _____ New _____ Alteration _____ Repair _____

If New: _____ # of Bedrooms _____ # of Baths _____ # of Stories _____

Note: Job value to be entered by applicant. Job value equals contract price. "contract price" is defined by Fla. Statute 713.01(6) (copy available upon request).

TOTAL JOB VALUE: \$ _____

NOTE: COPY OF CONTRACT IS REQUIRED TO ASSESS CERTAIN PERMIT FEES.

Roof Covering Squares (# of)	
Wall / Fence (Linear Feet)	
PERMIT FEE DUE: \$	

	Approved	Date	Hold	Date	Hold	Date
Zoning						
Structural						
Electrical						
Plumbing						
Mechanical						
Fire						
Engineering						
Landscaping						

Note: Minimum Floor Elevation Must Be Highest Of _____ Ft. Above Road Crown Or _____ Ft. N.G.V.D.

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies. 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 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, AIR CONDITIONERS, DUMPSTER ENCLOSURES, ROOFING, SCREEN ENCLOSURES, FENCES, PAINT BOOTHS, AWNINGS, etc. Upon signing, the applicant agrees that as a condition for obtaining this permit, the applicant shall deliver required statements pursuant to Section 713.135, F.S., as may be amended from time to time, to the person whose right, title, and interest is subject to the attachment. The applicant acknowledges that he/she has been provided with two (2) copies of a Notice of Commencement and Summary of Construction Lien Law in accordance with 713.135, F.S. (Copy of Florida Statutes referenced are available upon request) WARNING TO OWNER: YOUR FAILURE TO OBTAIN THE NECESSARY PERMITS FROM ALL APPLICABLE AGENCIES MAY RESULT IN THE STOPPAGE OF YOUR PROJECT AND THE LOSS OF YOUR INVESTMENT.

