



Building Division
ARCHITECT'S OR ENGINEER'S
REQUEST FOR REVIEW

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

APPLICATION # \_\_\_\_\_

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

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

DPEP #: \_\_\_\_\_ MASTER # \_\_\_\_\_

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 \_\_\_\_\_

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 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).

Table with 2 columns: Description, Value. Includes rows for TOTAL JOB VALUE, Roof Covering Squares, Wall / Fence, and TOTAL AMOUNT DUE.

Table with 7 columns: Category, Approved, Date, Hold, Date, Hold, Date. Categories include Zoning, Structural, Electrical, Plumbing, Mechanical, Fire, Engineering, and Landscaping.

Minimum Floor Elevation Must Be Highest Of \_\_\_\_\_ Ft. Above Road Crown Or \_\_\_\_\_ Ft. N.G.V.D.

In accordance with F.S. 489.103, Exemptions, (11), the Architect or Engineer named herein, that has signed, is responsible for and authorized to facilitate the review process prior to permit issuance.

Per Florida Building Code, Section 104.6.1.6, "Processing Requirements," this application may become null and void if permit is not purchased within sixty (60) days after review and commentary by the Building Division.

SIGNATURE OF : \_\_\_\_\_ ARCHITECT \_\_\_\_\_ ENGINEER \_\_\_\_\_ APPLICATION ISSUED BY: \_\_\_\_\_
DATE: \_\_\_\_\_

ARCHITECT'S OR ENGINEER'S FLORIDA LICENSE NO. \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

STATE OF FLORIDA \_\_\_\_\_, COUNTY OF BROWARD \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

by \_\_\_\_\_ (Notary must print name of person signing document)

Who is \_\_\_\_\_ personally known to me or PRODUCED AS I.D. \_\_\_\_\_

SIGNATURE OF NOTARY: \_\_\_\_\_

Table with 6 columns: Clerk's Init., Submittal Date, Check No., Application Issued By/Date, Receipt No., Permit No.