



**City of Pembroke Pines  
BUILDING DIVISION**

**ARCHITECT'S OR ENGINEER'S  
REQUEST FOR REVIEW**

DATE: \_\_\_\_\_ Check here if custom:

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).

**TOTAL JOB VALUE:** \$ \_\_\_\_\_

Roof Covering Squares (# of) \_\_\_\_\_

Wall / Fence (Linear Feet) \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

	Approved	Date	Hold	Date	Hold	Date
Zoning						
Structural						
Electrical						
Plumbing						
Mechanical						
Fire						
Engineering						
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. The permit shall not be issued except to a qualified individual, qualified in accordance with F.S. 489 or as otherwise provided by State and County law.

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. Additional time may be granted if the Building Official determines there are extenuating circumstances.

SIGNATURE OF : \_\_\_\_\_ ARCHITECT \_\_\_\_\_ ENGINEER  
 \_\_\_\_\_ DATE: \_\_\_\_\_

ARCHITECT'S OR ENGINEER'S FLORIDA LICENSE NO. \_\_\_\_\_

**STATE OF FLORIDA, COUNTY OF BROWARD**  
 Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,

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

PRODUCED AS I.D. \_\_\_\_\_

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

APPLICATION ISSUED BY: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

Notary stamp: \_\_\_\_\_

S:\Building - Zoning\FORMS\Permit Applications\Architect review, revised 3-14-03.doc

CLERK'S INITIALS: \_\_\_\_\_ CHECK NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_