



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

DATE: _____ PERMIT #: _____
 JOB #: _____ APP #: _____
 FOLIO #: _____ DPEP #: _____

Form Last Revised: 9/12/2007

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

FEE SIMPLE TITLEHOLDER (IF OTHER THAN OWNER) _____
 Address _____ City/ST/Zip _____

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

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

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

MORTGAGE LENDER: _____

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" includes, labor, materials, overhead, and profit. "Materials" includes all permanently attached equipment and fixtures.

TOTAL JOB VALUE: \$ _____

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

Wall / Fence (Linear Feet) _____

PERMIT FEE DUE: \$ _____

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

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.**

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.

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 RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS ON 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.

Signature _____ Owner/builder if applicable Contractor (agent of Owner)

State of Florida, County of Broward

Print Name of person signing document _____

Cert. of Comp. Number _____

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

Who is personally known _____

OR Produced ID _____

Notary Public Signature

Notary Stamp

NOTICE:

- You must call for a final inspection.
- Failure to comply with the Mechanic's Lien Law can result in the property owner paying twice for building improvements.
- Inspections will be made on or about the following day after request
- Time Limitation – FBC, Chapter 1 Broward County.
- Plans must be on job before inspections will be made
- Obtain certificate of Occupancy from Building Division before using completed building, if applicable.

Clerk's Init.	Submittal Date:	Check No.	Application Issued By / Date:	Receipt No.	Application No.
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