



**City of Pembroke Pines
Building Division
PLUMBING PERMIT APPLICATION**
(NOTE: NOT FOR FIRE SPRINKLER. USE SEPARATE FIRE PREVENTION APPLICATION).

Latest revision: 10/13/2007

NOTICE: YOU MUST CALL FOR A FINAL INSPECTION. FAILURE TO COMPLY WITH THE MECHANICS LIEN LAW CAN RESULT IN THE PROPERTY OWNER PAYING TWICE FOR BUILDING IMPROVEMENTS

(Information in "BOLD" outline *must be completed*)

DATE: _____ FOLIO# _____

OWNER'S NAME:

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

CONTRACTOR'S NAME:

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

RESIDENTIAL Lot/Unit: _____ Block /Parcel (Bldg): _____

SUBDIVISION: _____

JOB ADDRESS: _____

BUILDING INFO: (Check and fill in for EXISTING or NEW)

If Existing: Addition _____ Alteration _____
Repair _____

If New: # of Stories _____ # of Baths _____

DESCRIPTION OF WORK: _____

NON-RESIDENTIAL Bay/Suite/Unit #: _____

JOB NAME: _____

ADDRESS: _____

CENTER/BLDG. NAME: _____

If Existing: Repair _____ Alteration _____
Completion _____ Addition _____

If New: _____ # of Offices/Bays _____ # of Stories _____

DESCRIPTION OF WORK: _____

JOB NO. _____

APPLICATION NO. _____

PERMIT NO. _____

Note: Job value to be entered by applicant. "Job Value" includes, labor, materials, overhead, and profit. "Materials" includes all permanently attached equipment and fixtures.

JOB VALUE \$ _____

JOB DATA

ITEMS	QUANTITY	
Water Service		
Sewer - Septic Hook Up		
Interceptor (GREASE) (SAND OIL)		
Well - Domestic Irrigation		
Lawn Sprinkler		
Roof Drains		
Floor Drains		
Bathtubs		
Showers		
Water Closets		
Bidet		
Urinals		
Lavatory		
Kitchen Sink - Domestic		
Disposal		
Dishwasher		
Sinks - Commercial		
3 - Comp. Sink		
Laundry Tray		
Mop Basin		
Drinking Fountain		
Clothes Washer		
Water Heater Gas / Electric		
Pool Heater Gas / Electric		
Swimming Pool		
Gas Outlets LPG / Natural		
Solar Systems & Panels		
Hose Bibb w/ Vacuum Breaker		
Back Flow Preventer		
Ice Maker		
Condensate		
Heat Recovery System		
Miscellaneous		
BRA FEE		
TOTAL PERMIT FEE		

Permit
Approved
By _____ Date _____

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

- 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 if applicable before using completed building.

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