



City of Pembroke Pines

Increased Allotment of Partial Inspection Fee Agreement

Date: _____ Permit Number: _____

Building Permit Applicant: _____

Contact Phone Number(s): _____

Building (structural) application number(s): _____

The undersigned hereby requests the Building Division to increase the allotment for partial inspections on the above referenced project by:

_____ (2 or more only)

The cost is equal to the increased allocation number times the current reinspection fee rate.

The undersigned acknowledges and understands:

- There will be no refund for unused partial inspections.
- There will be no credit of fees for unused partial inspections to any other fees.

Signature

Print Name

Title

Date

Upon receipt of the completed agreement, we will notify you of the amount owed. The allotment will be increased upon receipt of payment.

Return by:

Fax to: (954) 435-6749 / Attention Sanford Laguna, Chief Building Official
OR
by Hand Delivery
or Mail to:

City of Pembroke Pines
Attention: Building Division
10100 Pines Boulevard
Pembroke Pines, FL 33026