



CITY OF CORAL SPRINGS  
9530 W SAMPLE RD  
CORAL SPRINGS, FL 33065

FAX: 954-344-5948  
TELEPHONE: 954-344-1044/954-344-1025  
Per Ordinance 2004-121 - Commission Approved 9/08

For Office Use Only

**OPEN PERMIT REQUEST**

DISCLAIMER OF LIABILITY

THE FOREGOING INFORMATION IS BELIEVED TO BE RELIABLE, BUT IS NOT GUARANTEED AS TO ACCURACY OR COMPLETENESS BY THE CITY OF CORAL SPRINGS. IN NO EVENT SHALL THE CITY OF CORAL SPRINGS BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL OR EXEMPLARY DAMAGES, OF ANY KIND OF NATURE WHATSOEVER, ARISING OUT OF, OR IN CONNECTION WITH THE PROVISION OF THIS INFORMATION. THIS INFORMATION IS SUBJECT TO CHANGE WITHOUT NOTICE.

- Twenty-seven dollars (\$27.00) fee required **per address** request
- Acceptable forms of payment: Cash, Check, or Escrow Account  
Make checks payable to City of Coral Springs  
(Please call 954-344-1044 or 954-344-5950 to set-up an Escrow Account)
- Please allow three business days for response

**Please provide the following information when requesting an Open Permit Search:**

Your Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Property Address of Permit Search: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

OPEN PERMITS: ( ) YES ( ) NO Permit # \_\_\_\_\_ ATTACHMENTS: ( ) YES ( ) NO

Comments:

<i>For Office Use Only</i>	
Payment Received: _____	
AMOUNT	
Method of Payment: _____	
CASH/CHECK	
Records Staff Signature: _____	
<b>f:/data/building/desk-records/open permit request</b>	

<i>For Office Use Only - Escrow Account</i>	
Account #: _____	
Amount Charged: _____	
Account Balance: _____	
Records Staff Signature: _____	