



EXPIRED PERMIT REQUEST

I am requesting that permit # _____ be re-instated under the jurisdiction of the code that the original permit was approved under. I am aware that this exception to Section #105.3.2.5 can only be requested once. I understand that if this permit expires again, it would have to meet all requirements of the code in effect at that time.

Contractor Name _____

Property Owner Name _____

Contractor Signature _____

Property Owner Signature _____

License# _____

Address _____

State of _____

State of _____

County of _____

County of _____

Sworn to and subscribed before me this

Sworn to and subscribed before me this

____ Day of _____
20____, by _____,

____ Day of _____
20____, by _____,

Personally known or Produced Identification

Personally known or Produced Identification

Type of Identification Produced

Type of Identification Produced

Signature of Notary Public

Signature of Notary Public

(Seal)

(Seal)

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

	Job Address: _____	Unit: _____	City: _____
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____
		Floor Area: _____	Job Value: _____
	Building Use: _____	Construction Type: _____	Occupancy Group: _____
1	Present Use: _____	Proposed Used: _____	
	Description of Work: _____		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____		
	Legal Description: _____ <input type="checkbox"/> Attachment		
2	Property Owner: _____	Phone: _____	Email: _____
	Owner's Address: _____	City: _____	State: _____ Zip: _____
3	Contracting Co.: _____	Phone: _____	Email: _____
	Company Address: _____	City: _____	State: _____ Zip: _____
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____
4	Architect/Engineer's Name: _____	Phone: _____	Email: _____
	Architect/Engineer's Address: _____	City: _____	State: _____ Zip: _____
	Bonding Company: _____		
	Bonding Company Address: _____	City: _____	State: _____ Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____		
	Fee Simple Titleholder's Address (if other than owner): _____	City: _____	State: _____ Zip: _____
	Mortgage Lender's Name: _____		
	Mortgage Lender's Address: _____	City: _____	State: _____ Zip: _____

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 all 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, and AIR CONDITIONERS, 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO 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.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____

Notary Name _____

(Print, Type or Stamp Notary's Name)

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

CITY OF CORAL SPRINGS
BUILDING PERMIT APPLICATION ZONING ADDENDUM

JOB ADDRESS: _____

APPLICATION/ PERMIT #: _____

CONTACT PERSON: _____ PHONE: _____

FENCE PERMIT DETAILS

FENCE TYPE

- VINYL CHAIN LINK
- PVC SEMI - PRIVATE ONLY (SHADOWBOX STYLE, OR BOARD - ON - BOARD WITH ONE - FOOT LATTICE ON TOP)
- WOOD SEMI - PRIVATE ONLY (SHADOWBOX STYLE, OR BOARD - ON - BOARD WITH ONE - FOOT LATTICE ON TOP)
- ALUMINUM RAIL

ADDITIONAL ITEMS NEEDED FOR FENCE PERMIT

- LANDSCAPE AFFIDAVIT (not required if owner/builder)
- DRAINAGE EASEMENT AGREEMENT (IF APPLICABLE)
- EASEMENT AGREEMENTS (AT&T, FPL, Blue Stream, TECO)
- OTHER: _____

COMMERCIAL TREE REMOVAL PERMIT INFORMATION

ITEMS NEEDED FOR COMMERCIAL TREE REMOVAL

- (2) TREE SURVEYS (SHOWING TREES TO BE REMOVED)
- (2) LANDSCAPE PLANS (SHOWING TREE MITIGATION)

RE-ROOF PERMIT DETAILS

BUILDING TYPE

- DUPLEX (CONTINUOUS ROOF)
- DUPLEX (SEMI - ATTACHED BUILDINGS)
- SINGLE FAMILY
- MULTI- FAMILY
- COMMERCIAL
- INDUSTRIAL

ROOF MATERIALS

- PRODUCT MANUFACTURER: _____
- COLOR NAME: _____
- CEMENT/ CLAY TILE (FLAT)
- CEMENT /CLAY TILE (S-TYPE OR BARREL)
- SPLIT CEDAR SHAKES
- SLATE
- OTHER: _____

SIGN PERMIT DETAILS

SIGN TYPE

- WALL SIGN
 - STANDARD
 - DESIGNER (DEFINED IN SECTION 1802 OF LAND DEVELOPMENT CODE) (ZONING PRE - APPROVAL NEEDED)
- MONUMENT SIGN
- DIRECTIONAL SIGN

SIGN VERBIAGE: _____

SQUARE FEET: _____

DIMENSIONS: _____

DIRECTION SIGN FACES: _____

BUSINESS TAX ID#: _____

ILLUMINATED

- YES
- NO

ADDITIONAL ITEMS NECESSARY FOR SIGN PERMITS

- SITE PLAN OR LOCATION MAP OF TENANT SPACE
- BUILDING ELEVATION SHOWING ADJACENT TENANT SPACES



**CHANGE OF CONTRACTOR/HOLD HARMLESS
PURSUANT TO SECTION 105.6.4 OF THE FLORIDA BUILDING CODE**

Owner Name _____

Permit# _____

Job Address _____

Subdivision _____

Reason for Change _____

Print Name of "Original" General/Sub Contractor

Certificate/License Number

Print Name of "New" General/Sub Contractor

Certificate/License Number

The undersigned has notified all interested parties of their intention to change the contractor of record for this permit. The undersigned agrees to indemnify and hold harmless and defend the City of Coral Springs, its agents, servants and employees from and against any claims arising out of this Change of Contractor through the act, error, omission, or negligent act of the undersigned, its or his agents, servants, or employees or any act, error or omission or negligent act for which the City of Coral Springs or its agents, servants, servants or employees are alleged to be liable.

Change of General Contractor

(Signature Property Owner) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or Affirmed) and subscribed before me this

_____ day of _____ 20____,

By (Print Name) _____

Personally known or I.D. _____

Notary Public, State of Florida (Signature)

(Seal)

Change of Sub-Contractor

(Signature Property Owner) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or Affirmed) and subscribed before me this

_____ day of _____ 20____,

By (Print Name) _____

Personally known or I.D. _____

Notary Public, State of Florida (Signature)

(Seal)

(Signature General Contractor) _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or Affirmed) and subscribed before me this

_____ day of _____ 20____,

By (Print Name) _____

Personally known or I.D. _____

Notary Public, State of Florida (Signature)

(Seal)



REVISION - Plans have been previously paid **AS BUILT**
Revision must be identified on the plan by highlighting or clouding ALL sets of plans

All revisions/corrections 15-day turnaround time

Does this revision affect any inspections already performed? Yes No

IF YES, WHICH INSPECTIONS _____

CORRECTION - Plans in review and not issued
TYPE OF PERMIT _____

LOST PLANS
(Prepayment Required No Refunds)

PERMIT CARD
(Fees Apply)

EXPIRED PERMIT
(Fees Apply)

Please indicate the discipline(s) you desire to review your plan(s):

ZONING PLUMBING STRUCTURAL MECHANICAL ELECTRICAL FIRE ENGINEERING

PERMIT # _____ DESCRIBE CHANGES _____

COMPANY NAME _____

CONTACT NAME _____

TELEPHONE # _____ SITE ADDRESS _____

For internal use only