



40 Year Building Safety Inspection Program Submittal Form

BUILDING DEPARTMENT

Revision Date: 12/30/2020

Form I.D. Number: 040.0

(ALL 40 YEAR FORMS MUST BE COMPLETED IN BLACK/BLUE INK)

Date: _____ **Job Address:** _____

Project Number: _____

Owner's Name: _____ Phone No: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's E-mail Address: _____

Description of Work: **INITIAL REQ INSPECTION** **POST REPAIRS INSPECTION RECHECK**

(For **RECHECK ONLY**, please list the permit numbers for repairs)

Job Address: _____ Present Use: _____

Subdivision _____ Lot _____ Block _____ Zoning _____

Square Feet _____

Engineer: _____ **License No:** _____

Engineer's Address: _____ City: _____ State: _____ Zip: _____

Phone (Required) _____ Email Address (Required) _____

Architect: _____ **License No:** _____

Architect's Address: _____ City: _____ State: _____ Zip: _____

Phone (Required) _____ Email Address (Required) _____

Please make sure your package includes the following with this cover sheet:

Broward County Building Safety Inspection Report Forms – Structural

Broward County Building Safety Inspection Report Forms – Electrical

Payment of \$300.00 **per building** payable by cash, check, Visa or MasterCard

NAME OF CONTACT PERSON

PHONE NUMBER

DATE OF SUBMITTAL

For details on the 40 Year Safety Inspection Program, visit: www.coralssprings.org/building