

# CORAL SPRINGS

BUILDING DIVISION  
www.CoralSprings.org/building



Development Services Department

Building Division

9500 West Sample Road, Coral Springs, FL 33065

Mon-Thurs: 7:30AM - 5PM, Fri: 7:30AM - 2:30PM

Phone: 954-344-1025 • Inspections: 954-345-2132

Fax: 954-344-5948 or 954-344-5909

CHECK ALL THAT APPLY:

LOG OUT

LOG IN

CORRECTIONS - Plans in review and not issued

Type of Permit \_\_\_\_\_

REVISIONS - Approved plans

AS BUILT

Revision must be identified on the plan by highlighting or clouding ALL sets of plans

All revisions/corrections 15-day turnaround time or less. Fees apply.

For Internal Use Only

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 \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_

EXPIRED PERMIT

I am requesting that Permit # \_\_\_\_\_ and subpermits 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.

PERMIT CARD

\_\_\_\_\_  
Property Owner or Agent Name

LOST PLANS

\_\_\_\_\_  
Property Owner or Agent Signature



## CHANGE OF CONTRACTOR/HOLD HARMLESS PURSUANT TO SECTION 105.6.4 OF THE FLORIDA BUILDING CODE (To be submitted only if applicable)

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 or Agent) \_\_\_\_\_

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)

# 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 \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Notary 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.