



Expired Permit Renewal Request

BUILDING DEPARTMENT

Revision Date: 3/5/2020

Form I.D. Number: 021.0

Permit Number _____

Company Name _____

Contact Name _____

Phone Number _____

Email Address _____

Property Address _____

For Internal Use Only

Renew Expired Permit (Fees Apply; see [User Fees](#))
(A [Broward County Uniform Building Permit Application Form](#) **MUST** accompany this request.)

I am requesting that Permit Number _____ and all sub-permits 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. **A new Permit Application and Change of Contractor form (if applicable) must be submitted with this request.**

Permit Card (Fees Apply; see [User Fees](#))

Lost Plans (Fees Apply; see [User Fees](#))

Property Owner or Agent Name

Date

Property Owner or Agent Signature



Change of Contractor/Hold Harmless

BUILDING DEPARTMENT

Revision Date: 3/10/2020

Form I.D. Number: 006.0

HOLD HARMLESS/INDEMNITY LETTER FOR REPLACING PRIME CONTRACTOR, SUB-CONTRACTOR OR SPECIALTY CONTRACTOR

(In accordance with the Broward County Administrative Provisions to the F.B.C. 105.6.4 & 105.6.4.1)

IMPORTANT NOTE: A NEW PERMIT APPLICATION MUST BE SUBMITTED WITH HOLD HARMLESS REQUEST AND AN AMENDED NOTICE OF COMMENCEMENT MAY NEED TO BE PROVIDED BY THE OWNER OF THE PROPERTY. WHERE A PRIME CONTRACTOR IS THE PERMIT HOLDER, THE PROPERTY OWNER SHALL FILE SUCH HOLD-HARMLESS LETTER. WHERE A SUB-CONTRACTOR OR SPECIALTY CONTRACTOR IS THE PERMIT HOLDER, THE PRIME CONTRACTOR SHALL FILE SUCH HOLD-HARMLESS LETTERS. (FEES MAY APPLY)

RE: Permit # _____

Property Address: _____

PLEASE CHECK ONE:

Owner to assign a new prime contractor

Owner to assign a new sub-contractor or specialty contractor

Prime contractor to assign a new sub-contractor or specialty contractor

I request that this permit be re-issued to: _____
Name of Contractor

For the following reason:

Contractor unable to complete contract

Contractor unwilling to complete contract

Abandonment of work

_____ (name of authorized person or entity requesting re-issuance of permit) agrees to indemnify and hold harmless the CITY OF CORAL SPRINGS, and its employees and agents (including the Building Official) from any legal action or damage resulting from the re-issuance of this permit. I further assume responsibility for correction, if required, of work performed under the original permit. All interested parties have been notified of my intention to change the contractor of record for this permit.

AFFIANT Signature

Date

STATE OF FLORIDA COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization,

This _____ day of _____ 20____ by _____, personally known

OR by I.D. _____.

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public



Credit Card Authorization Form

BUILDING DEPARTMENT

Revision Date: 2/12/2020

Form I.D. Number: 026.0

~ PLEASE MAKE COPIES FOR FUTURE USE ~

Visa or MasterCard Only

e-permits@coralsprings.org

Cardholder Name *(As it appears on the card)* _____

Company Name _____

Type of Credit Card **Visa** **MasterCard** **3 Digit Security Code** _____

Credit Card Number _____ Exp. Date _____

Cardholder Address _____
City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Fax _____ E-mail _____

Print Cardholder's Name _____

I hereby authorize the City of Coral Springs Building Department to charge the credit card listed above in an amount to be determined according to the current City of Coral Springs Building Permit Fee Schedule, as per your application requirements. This charge is payment for fees and/or services and is accepted in good faith by the Building Department. Should I have any questions concerning the credit card charge(s) made to my account, I will make every attempt to resolve the issue directly with the Building Department. By signing this authorization, I acknowledge that I am an authorized signatory for the above referenced credit card.

Cardholder's Signature _____ Date _____

Title _____

Permit Number *(Required, if assigned)* _____

Job Description _____

Job Address _____

Re-inspection Fee \$ _____

Re-inspection Date *(optional)* _____

Type of inspection *(required)* _____

Expired Permit Renewal \$ _____

Expedited Plan Review \$ _____

Open/Expired Permit Request \$ _____

Early Start Request \$ _____

Overtime Inspection Request \$ _____

Requested Date: _____

Other (Specify) _____ \$ _____