



City of Pompano Beach Building Permit Application



Note to Applicant: This form (Page 1 & 2) MUST have all applicable information to avoid delays.

Building Roofing Plumbing Electrical Mechanical Sign Demo

Date of Application: ___/___/___ Tax Folio: # ___ - ___ - ___ P.R.A.: # ___ - ___

Owner's Name: _____ Phone #(_____) ___ - ___

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

Fee Simple Titleholder's Name: (if other than Owner) _____

Fee Simple Titleholder's Address: _____ City _____ State ___ Zip _____

Contractor: _____ Phone #(_____) ___ - ___

Certificate of Competency #: _____ State Registration #: (if applicable) _____

Contractor's Address: _____ City _____ State ___ Zip _____

Job Name & Description of Work: _____

Job Address: _____

Subdivision: _____ Block ___ Lot ___

Bonding Company: _____

Bonding Company Address: _____ City _____ State ___ Zip _____

Engineer: _____ Registration # _____ Phone (_____) ___ - ___

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

Architect: _____ Registration # _____ Phone (_____) ___ - ___

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

Mortgage Lender's Name: _____

Mortgage Lender's Address: _____ City _____ State ___ Zip _____

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.

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 the City of Pompano Beach. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGN, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS and AIR CONDITIONERS etc.

Owner 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.

Signature of Legal Owner/Agent: (Including Contractor with notarized statement)

Signature of Legal Contractor:

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
this _____ day of _____, 20____ by _____

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me
this _____ day of _____, 20____ by _____

(Type / Print Owner's Name)

(Type / Print Contractor's Name)

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

NOTARY'S SIGNATURE as to Contractor's Signature

Name & Title (printed) _____

Name & Title (printed) _____

(Type / Print Notary's Name)

(Type / Print Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

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Building
 Roofing
 Plumbing
 Electrical
 Mechanical
 Sign
 Demo

TYPE OF PERMIT REQUESTED:

(DATA TO BE FURNISHED BY APPLICANT)

P.R.A.: # _____ - _____

New Building: _____ sq. ft.
 Addition: _____ sq. ft.
 Alteration: _____ sq. ft.

Number of Units: _____
 Existing Building: _____ sq. ft.

USE OF BUILDING: _____

JOB

Building Portion Only: _____ \$ _____
 Roofing: _____ \$ _____
 Plumbing: _____ \$ _____
 Electrical: _____ \$ _____
 Mechanical: _____ \$ _____
 Total Job Cost _____ \$ _____

Office Use Only

Bldg \$ _____ \$ _____
 Rfg. \$ _____ \$ _____
 Plbg. \$ _____ \$ _____
 Elec. \$ _____ \$ _____
 Mech \$ _____ \$ _____
 Total \$ _____ \$ _____

THIS AREA BELOW IS FOR CITY ONLY

ZONING DEPARTMENT ONLY

Zoning District: _____ Use: _____
 Front Yard: _____ Side Yard: _____ Side Yard: _____ Rear Yard: _____
 Parking Spaces - Regular Req'd: _____ Provided: _____ Sign Area: _____ sq.ft.
 Landscaping: _____
 Approved by: _____ Date: ____/____/____
 Remarks: _____
 Remarks / Copy: _____

Occupancy Group: _____ Occupant Load (Group A): _____ Type of Construct: _____

Flood Zone: _____ Crown of Road: _____ MSL Min. Building Elevation: _____ MSL

Fee Calculations

Permit Fee \$ _____ - \$ [_____] = \$ _____
 Board of Rules & Appeals Surcharge = \$ _____
 Certificate of Completion = \$ _____ 5.00
 Certification Maintenance Fee = \$ _____
 Lien Law Fee (Owner/Bldr. Exempt) = \$ _____
 Plan Examination Fee = \$ _____
 State Building Code Admin. Fund = \$ _____
 State Radon Fee = \$ _____
TOTAL PERMIT FEES = \$ _____
 Certificate of Occupancy = \$ [_____]
 Penalty Fee = \$ [_____]

Approved By: _____ Date: ____/____/____ Processed by: _____ / ____/ ____