



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 #(____) _____ - _____

Email Address: _____

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:

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) _____
(Type / Print Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Name & Title (printed) _____
(Type / Print Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

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 DIVISION 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 = \$ _____
DBPR Surcharge (Plan Review) = \$ _____
DBPR Surcharge (Permit) = \$ _____
DCA Surcharge (Plan Review) = \$ _____
DCA Surcharge (Permit) = \$ _____
Lien Law Fee (Owner/Bldr. Exempt) = \$ _____
Plan Examination Fee = \$ _____
TOTAL PERMIT FEES = \$ _____
Certificate of Occupancy = \$ [_____]
Penalty Fee = \$ [_____]

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