

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATIONRevised Date: 01-08-2026
Effective Date: 03-09-2026Select One Trade: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other _____Private Provider? ☐ YES ☐ NO If yes, attach [Form # 61G20-2.005-2002-01](#)Per F.S. 553.791(2)(a), do you have the written fee owner's authorization to use a private provider? ☐ YES ☐ NO

Application Number: _____ Application Date: _____

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Job Address: _____ Unit: _____ City: _____

Tax Folio No.: _____ Flood Zn: _____ BFE: _____ Floor Area: _____ Job Value: _____

Building Use: _____ Construction Type: _____ Occupancy Group: _____

Present Use: _____ Proposed Use: _____

Description of Work: _____

☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☐ Other: _____Legal Description: _____ ☐ Attachment**2**

Property Owner: _____ Phone: _____ Email: _____

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

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Contracting Co.: _____ Phone: _____ Email: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Qualifier's Name: _____ Owner-Builder License Number: _____

☐ License Exempted per F.S. 489.117(4)(a)1 Business Tax Receipt Number: _____**4**

Architect/Engineer's Name: _____ Phone: _____ Email: _____

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

Bonding Company: _____

Bonding Company's Address: _____ City: _____ State: _____ Zip: _____

Fee Simple Titleholder's Name (If other than the owner) _____

Fee Simple Titleholder's Name
(If other than the owner) _____ City: _____ State: _____ Zip: _____

Mortgage Lender's Name: _____

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

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Job Address: _____ Unit: _____ City: _____

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 (Including Contractor)

STATE OF FLORIDA
COUNTY OF _____

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

_____, 20____ by

(Type/Print Property Owner or Agent Name)

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

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ Produced Identification _____

Type of Identification Produced _____

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF _____

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

_____, 20____ by

(Type/Print Qualifier or Agent Name)

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

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ Produced Identification _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

A jurisdiction may use a supplemental page to request additional information and cite 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.