



## LOW VOLT PHONE DATA PERMIT APPLICATION CHECKLIST

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### Minimum Permit Application Requirements:

Broward County Uniform Building Permit Application (*filled out and notarized*)

Documented proof of cost, including all labor and materials (*signed contract*)

Notice of Commencement (*if job value is over \$2,500*)

Electrical plans shall be signed and sealed by a Florida licensed architect/engineer or an electrical contractor; plan shall be signed by electrical contractor/qualifier with state license number and notarized (*plans must show the full scope of work*).

THE PERMIT APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE MINIMUM DOCUMENTATION  
OTHER DOCUMENTS MAY BE REQUIRED DEPENDING UPON THE JOB CONDITIONS

# BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade:  Building     Electrical     Plumbing     Mechanical     Other \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

1	Job Address: _____		Unit: _____		City: _____	
	Tax Folio No.: _____		Flood Zn: _____		BFE: _____	
	Floor Area: _____		Job Value: _____			
	Building Use: _____			Construction Type: _____		Occupancy Group: _____
	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: _____					

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. 1.56

\*\*\*Issuance of a building permit by the City of Margate does not guarantee that the work permitted is allowed by your homeowner's association. The homeowner and/or contractor is responsible for obtaining their approval separately.\*\*\*



**AMENDMENT TO BROWARD COUNTY UNIFORM PERMIT APPLICATION ONLINE NOTARIZATION CERTIFICATE**

**In accordance with Florida Statutes Sec 117.05 as amended by H.B. 409, effective 1.1.2020, the following form is to be completed for use with online notarization of the Broward County Uniform Building Permit Application.**

STATE OF FLORIDA

COUNTY OF

The foregoing instrument was acknowledged before me, by means of online notarization,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_  
DAY MONTH YEAR NAME OF PERSON MAKING STATEMENT

\_\_\_\_\_  
(Signature of Notary Public – State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR  Produced Identification \_\_\_\_\_  
Type of Identification Produced

PERMIT NUMBER: \_\_\_\_\_

**NOTICE OF COMMENCEMENT**

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

**1. DESCRIPTION OF PROPERTY** (Legal description & street address, if available) **TAX FOLIO NO.:** \_\_\_\_\_

**SUBDIVISION** \_\_\_\_\_ **BLOCK** \_\_\_\_\_ **TRACT** \_\_\_\_\_ **LOT** \_\_\_\_\_ **BLDG** \_\_\_\_\_ **UNIT** \_\_\_\_\_

**2. GENERAL DESCRIPTION OF IMPROVEMENT:**

**3. OWNER INFORMATION:** a. Name \_\_\_\_\_

b. Address \_\_\_\_\_ c. Interest in property \_\_\_\_\_

d. Name and address of fee simple titleholder (if other than Owner) \_\_\_\_\_

**4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_  
\_\_\_\_\_

**5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:**

\_\_\_\_\_

**6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7., Florida Statutes:

**NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:

**NAME, ADDRESS AND PHONE NUMBER:**

\_\_\_\_\_

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified): \_\_\_\_, 20\_\_\_\_

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

\_\_\_\_\_  
**Signature of Owner or  
Owner's Authorized Officer/Director/Partner/Manager**  
State of Florida  
County of Broward

\_\_\_\_\_  
**Print Name and Provide Signatory's Title/Office**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_, as \_\_\_\_\_  
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For \_\_\_\_\_ (name of party on behalf of whom instrument was executed)

\_\_\_\_\_ Personally known or \_\_\_\_\_ produced the following type of identification: \_\_\_\_\_

Notary

\_\_\_\_\_  
(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).

**Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:**

By \_\_\_\_\_ By \_\_\_\_\_



# SECURE THIS JOB

**DURING A HURRICANE WATCH  
& BEFORE THE ONSET OF HURRICANE VELOCITY WINDS  
YOU ARE REQUIRED TO **SECURE THIS JOB****

**IN ACCORDANCE WITH THE BOARD COUNTY ADMINISTRATIVE PROVISIONS  
OF THE FLORIDA BUILDING CODE SECTION 110.13**

**All loose objects  
in exposed outdoor locations  
shall be lashed to rigid construction  
or shall be stored in buildings.**

**Florida Building Code Broward County Administrative Provisions  
Section 110.13.2**

**NOTICES ISSUED BY THE NATIONAL WEATHER SERVICE OF A HURRICANE WATCH ARE DEEMED SUFFICIENT NOTICE TO THE OWNER OF REAL PROPERTY UPON WHICH CONSTRUCTION IS OCCURRING, OR ANY CONTRACTOR RESPONSIBLE FOR SAID CONSTRUCTION, TO SECURE LOOSE CONSTRUCTION DEBRIS AND LOOSE CONSTRUCTION MATERIALS AGAINST EFFECTS OF HURRICANE FORCE WINDS.**

**THIS INCLUDES BUT IS NOT LIMITED TO:**

<b>110.13.2.1 Road Right-of-Way shall remain clear of construction waste and trash</b>	
<b>110.13.2.2 Construction Waste and Trash Contained</b>	<b>110.13.2.3 Construction Materials; Loose Construction Debris; Roofing Tile &amp; Materials; Temporary Electric Service Poles; Temporary Toilets and Temporary Construction Trailer</b>
<b>AND PROTECT ALL GLASS AREAS</b>	