

**BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION**

Revised Date: 01-08-2026  
Effective Date: 03-09-2026

Select 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: \_\_\_\_\_

**1**

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: \_\_\_\_\_

**3**

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: \_\_\_\_\_

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

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.

Notary signature and qualification section with two columns for Owner/Agent and Qualifier. Includes fields for signature, state, county, notary name, and identification type.

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.

Affidavit of Awareness of Association Regulation

**PERMIT#** \_\_\_\_\_

**OWNER** - Please provide a brief description of work: \_\_\_\_\_

For office use ONLY - Job Type: \_\_\_\_\_

(Please select one option ONLY):

I, \_\_\_\_\_, acknowledge that I am a resident of an association (“HOA/COA/POA”), and that as a resident of an association I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a building permit by the City of Tamarac, Florida, does not guarantee that work permitted is allowed by your association. You are responsible for obtaining their approval separately.

I, \_\_\_\_\_, am not a resident of an association.

\_\_\_\_\_  
Job Address

\_\_\_\_\_  
Name of the Association (“HOA/COA/POA”)

\_\_\_\_\_  
Job City, State & Zip Code

\_\_\_\_\_  
Mailing Address of Association (“HOA/COA/POA”)

\_\_\_\_\_  
Owner’s Printed Name

\_\_\_\_\_  
Association - City, State & Zip Code

\_\_\_\_\_  
Owner’s Signature

\*\*\*\*\*MUST COMPLETE NOTARY PORTION\*\*\*\*\*

X \_\_\_\_\_

Signature of Property Owner or Agent (Including Contractor \*)

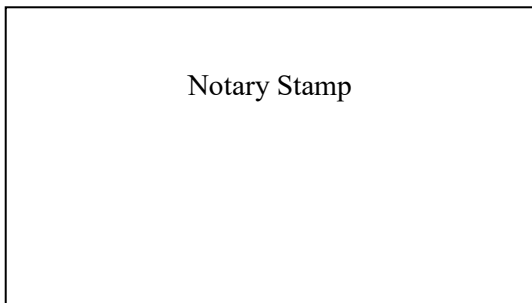
\*If the contractor and / or agent as the owner’s authorized agent, a Property Owner Consent – Designation of Agent Form must be completed, signed, and notarized.

**STATE OF FLORIA**  
**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical present or \_\_\_\_\_ online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

Personally Known \_\_\_\_\_ Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_



\_\_\_\_\_  
(Type/Print Property Owner or Agent Name)

\_\_\_\_\_  
(Notary Signature as to Owner or Agent’s Signature)

\_\_\_\_\_  
(Type/Print Notary Name)



PROPERTY OWNER CONSENT FORM
DESIGNATION OF AGENT

DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

IN THE MATTER OF:

ANY PERSON APPEARING ON YOUR BEHALF, IN YOUR ABSENCE, MUST BE DESIGNATED AS YOUR AGENT ON THIS FORM OR SUCH PERSON WILL NOT BE PERMITTED TO REPRESENT AND/OR MAKE MODIFICATIONS TO THE PROPERTY.

\_\_\_\_\_ HAS MY PERMISSION TO ACT AS MY AGENT
(Print Name of Designated Agent)

IN ALL MATTERS RELATING TO \_\_\_\_\_,
(Project Name)

LOCATED AT \_\_\_\_\_,
(Address/Location of Project)

THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF SUBMITTAL.

SIGNATURE OF OWNER:

\_\_\_\_\_

(Print Name of Owner and Notarize below)

SIGNATURE OF DESIGNATED AGENT:

\_\_\_\_\_

(Print Name of Designated Agent)

ADDRESS AND PHONE NO. OF DESIGNATED AGENT:

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The forgoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization, this \_\_\_ day of \_\_\_, 20\_\_\_, by \_\_\_\_\_, the owner of the property, who is personally known to me or has produced identification \_\_\_\_\_ (type of identification) and who (did/did not) take an oath.

My Commission Expires: \_\_\_\_\_

Type or print name of Notary: \_\_\_\_\_

Seal/Stamp