



ENGINEERING PERMIT APPLICATION

Note to Applicant: All sections of this application form must be completed to avoid delays. If a section does not apply to this project, please indicate by listing "not applicable" or "NA".

PROJECT INFORMATION

If the project is located exclusively within the right-of-way (ROW), please list nearest address as "Job Address" and list job limits in "Description of Work".

Is there a Code Violation on Property for this work? [] Yes [] No
Is project located exclusively within ROW? [] Yes [] No

Name of Project/Plaza/Subdivision
Job Address City Zip
Folio # Check one: Residential Non-Residential
Description of Work (Brief)

MOT: Start Date Duration of Work Hours

OWNER INFORMATION

[] PERMIT APPLICANT

This section must be completed. If owner is applying for permit(s), please indicate by checking the "Permit Applicant" box above.

Name
Address City State Zip
Phone # Fax # E-mail

PRIMARY CONTRACTOR INFORMATION (SITE/GENERAL CONTRACTOR)

[] PERMIT APPLICANT

This section must be completed for the primary contractor. If the primary contractor is applying for permit(s), please indicate by checking the "Permit Applicant" box to the right.

Company Name License Type(s)
Address City State Zip
Phone # Fax # E-mail
Contact Person Phone#

SUB-CONTRACTOR INFORMATION

[] PERMIT APPLICANT

This section must be completed if a sub-contractor is the permit applicant. If the sub-contractor is applying for permit(s), please indicate by checking the "Permit Applicant" box to the right.

Company Name License Type(s)
Address City State Zip
Phone # Fax # E-mail
Contact Person Phone#

CIVIL ENGINEER

Company
Address City State Zip
Phone # Fax # E-mail

ARCHITECT

Company
Address City State Zip
Phone # Fax # E-mail

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of the County, and there may be additional permits required by other Governmental Entities such as Building, Water Management Districts, County Agencies, State Agencies or Federal Agencies.

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PERMIT TYPE

Check the appropriate box(es) for the permit(s) being applied for below and fill in the corresponding required information. Multiple permits may be applied for on the same application if the qualifier is the same for all permits; however, landscaping permits cannot be combined on the same application with site related permits.

<input type="checkbox"/> Curbing _____	LF _____	<input type="checkbox"/> Road Cut & Restore _____	Lanes _____
<input type="checkbox"/> Directional Bore _____	Lanes _____	<input type="checkbox"/> Sewer (Wastewater) _____	Cost _____
<input type="checkbox"/> Drainage _____	Cost _____	<input type="checkbox"/> Sewer Service (Tie-In) _____	Each _____
<input type="checkbox"/> Driveway (Paving) _____	SF _____	<input type="checkbox"/> Sidewalk _____	LF _____
<input type="checkbox"/> Driveway (Repaving) _____	SF _____	<input type="checkbox"/> Site Prep _____	Each _____
<input type="checkbox"/> Excavate (Below Ground Facilities) _____	Each _____	<input type="checkbox"/> Water _____	Cost _____
<input type="checkbox"/> Excavate (Canals) _____	LF _____	<input type="checkbox"/> Water Service (Tap) _____	Each _____
<input type="checkbox"/> Excavate (Lakes) _____	Acres _____	LANDSCAPING PERMITS (By separate application)	
<input type="checkbox"/> Final Site _____	Bldg Address/# _____	<input type="checkbox"/> Irrigation _____	Heads _____
<input type="checkbox"/> Maintenance of Traffic _____	Each _____	<input type="checkbox"/> Landscape _____	Acres _____
<input type="checkbox"/> Miscellaneous Site _____	Each _____	<input type="checkbox"/> Miscellaneous Irrigation _____	Each _____
<input type="checkbox"/> Paving _____	SF _____	<input type="checkbox"/> Tree Removal _____ / _____	Tree/Acre _____
<input type="checkbox"/> Repaving _____	SF _____	<input type="checkbox"/> Tree Trimming _____	Trees _____
<input type="checkbox"/> Resealing/Restriping _____	SF _____	Single Family <input type="checkbox"/> Non-Single Family <input type="checkbox"/>	

Utility Franchise Permit Application? Yes No Utility Company _____

APPLICATION is hereby made to obtain a permit to do the work and installations as hereon indicated. I certify that the foregoing information is correct and that all work will be done in compliance with all FEDERAL, STATE, COUNTY & CITY laws, rules, regulations and resolutions regulating construction and zoning whether specified in this application and accompanying plans/specifications or not.

IT IS AGREED by both the Owner and Contractor that the approval of permits, plans and/or specifications does not relieve them of the responsibility to comply with provisions of the City Code of Ordinances and that any facility constructed under this permit is subject to the following:

1. Construction inspections will be conducted by the Engineering Division and if the improvements are not in conformance with the approved permits, plans and/or specifications, said improvements must be immediately rectified to conform with the approved permit, plans and/or specifications.
2. After the permit, plans and/or specifications have been approved by the Engineering Division, they shall not be changed without written approval of the Engineering Division.

THE OWNER AND CONTRACTOR FURTHER AGREE to indemnify, hold harmless, defend, and exonerate the City and its employees from all damages, liabilities, claims, injuries, and demands for liability rising out of the work under this permit.

OWNER'S AFFIDAVIT: I authorize the named contractor to do the work stated above on the foregoing property.

Signature _____ Date _____
Owner or Agent

Signature _____ Date _____
Contractor's Qualifier

Print Name _____

Print Name _____

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

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

 NOTARY PUBLIC as to Owner/Agent

 NOTARY PUBLIC as to Contractor's Qualifier

For Official Use Only:
Application approved by _____ **Date** _____