



**Community Development Department**  
**Building Division**  
 10770 West Oakland Park Boulevard · Sunrise, FL 33323  
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For official use only:  
**APP #:** \_\_\_\_\_  
 \_\_\_\_\_  
**Complete:** \_\_\_\_\_  
 \_\_\_\_\_

**PLUMBING ADDENDUM TO PERMIT APPLICATION**

**Name of Project/Plaza/Tenant** \_\_\_\_\_

Job Address \_\_\_\_\_ Unit/Bay # \_\_\_\_\_ Folio \_\_\_\_\_

Is the proposed work a corrective action for a code violation?  No  Yes Case # \_\_\_\_\_

Description of Work \_\_\_\_\_

Code in Effect: FBC \_\_\_\_\_

Total Estimated Value: Entire Project \$ \_\_\_\_\_ This Application \$ \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Designer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Provide the following quantities (if applicable):**

Number of backflows: \_\_\_\_\_ Number of plumbing fixtures: \_\_\_\_\_

Number of irrigation zones: \_\_\_\_\_ Number of storm structures: \_\_\_\_\_

**OFFICIAL USE ONLY**

PERMIT TYPE	QTY	Unit	App. Fee	Rem. Fee
<input type="checkbox"/> New/Addition/Alteration	\$ _____	Value	\$ _____	\$ _____
<input type="checkbox"/> Backflow Installation	_____	each	\$ _____	\$ _____
<input type="checkbox"/> Demolition	_____		\$ _____	\$ _____
<input type="checkbox"/> Gas/Grease Vent	_____		\$ _____	\$ _____
<input type="checkbox"/> Grease Trap/S. Interc.	_____		\$ _____	\$ _____
<input type="checkbox"/> Irrigation	_____		\$ _____	\$ _____
<input type="checkbox"/> Miscellaneous	_____		\$ _____	\$ _____
<input type="checkbox"/> Fixture Rep./New	_____		\$ _____	\$ _____
<input type="checkbox"/> Pool/Spa/Fountain	_____		\$ _____	\$ _____
<input type="checkbox"/> Process Piping	_____		\$ _____	\$ _____
<input type="checkbox"/> Sewer Cap	_____		\$ _____	\$ _____
<input type="checkbox"/> Sewer Piping	_____		\$ _____	\$ _____
<input type="checkbox"/> Solar	_____		\$ _____	\$ _____
<input type="checkbox"/> Storm Collection Sys.	_____		\$ _____	\$ _____
<input type="checkbox"/> Water Heater	_____		\$ _____	\$ _____
<input type="checkbox"/> Water Piping	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____
<input type="checkbox"/> Misc: _____	_____		\$ _____	\$ _____

FEE	AMOUNT
Zoning Balance	\$ _____
Zoning Technology	\$ _____
Fire Permit(s)	\$ _____
Fire DBPR Surcharge	\$ _____
Fire DCA Surcharge	\$ _____
Fire Technology	\$ _____
BRA	\$ _____
BCAIB	\$ _____
FBC	\$ _____
Renewal	\$ _____
Revision	\$ _____
Other	\$ _____
<b>FEE TOTAL</b>	\$ _____
<b>APPLICATION FEE</b>	\$ _____
<b>TOTAL DUE</b>	\$ _____

FOR OFFICE USE ONLY: Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

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