

CITY OF HALLANDALE BEACH
400 S. FEDERAL HWY, HALLANDALE BEACH, FL 33009
PH: (954) 457-1383 FAX: (954) 457-1488

PERMIT NUMBER _____
BUILDING PERMIT APPLICATION

1) OWNER'S NAME _____ PHONE NO. _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

2) CONTRACTOR CO. NAME _____ PHONE NO. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

STATE # _____

CC# _____

3) ARCHITECT _____ PHONE NO. _____

4) ENGINEER _____ PHONE NO. _____

5) LOT BLOCK SUBDIVISION (legal description) _____

6) FOLIO NO. (required) _____

7) STREET ADDRESS-JOB SITE _____

8) PRESENT USE _____

SHADED AREA FOR OFFICE USE ONLY

ZONING: APP _____ TIME _____

Signature: _____ Date _____

STRUCT: APP _____ TIME _____

Signature: _____ Date _____

PLBG: APP _____ TIME _____

Signature: _____ Date _____

MECH: APP _____ TIME _____

Signature: _____ Date _____

ELEC: APP _____ TIME _____

Signature: _____ Date _____

CTY ENGR: APP _____ TIME _____

Signature: _____ Date _____

FIRE: APP _____ TIME _____

Signature: _____ Date _____

SANIT: APP _____ TIME _____

Signature: _____ Date _____

CODE: APP _____ TIME _____

Signature: _____ Date _____

I HEREBY MAKE APPLICATION FOR A PERMIT FOR THE FOLLOWING:

NO OF: Family Units _____ Bedrooms _____ Bathrooms _____

Store Units _____ Kitchens _____

FINISH FLOOR ELEVATION IS _____

MINIMUM FLOOR ELEVATION MUST BE _____ FT.MSL

FLOOD ZONE: A _____ V _____ OTHER _____

THE UNDERSIGNED APPLICANT DOES HEREBY:

Request that a building permit be issued on the basis of and subject to the herein set forth information as supplemented by herewith submitted building plans and specifications with the understanding that all Florida Building Code 2001 and City of Hallandale Beach, Florida Zoning requirements shall be complied with whether specified in this application and accompanying plans or not.

Plans and specifications for such structures and use are attached, and I agree to comply to all Federal, State and County laws, rules, regulations and resolutions regulating construction and zoning, and further state that no violations exists on this property at this time.

The plans covering this permit were designed for the following: TYPE: _____

OCCUPANCY " _____ " DIVISION " _____ "

PRINT NAME OF QUALIFIER

SIGNATURE OF QUALIFIER _____ OWNER _____ DATE _____

STATE OF FLORIDA _____ COUNTY OF BROWARD _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____ (name of person acknowledging). **NOTARY STAMP HERE**

NOTARY

(Signature of Notary Public - State of Florida)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____ Driver's License _____

APPLICATION APPROVAL

This application does not become a valid permit until signed by an authorized representative of the City of Hallandale Beach Building Department and all fees paid and receipt acknowledged in the space provided on the permit.

BY: _____

CHIEF BUILDING INSPECTOR _____ DATE _____