



PET WASTE DISPENSER PERMIT

Rev: 1 | Revision Date: 2/22/2017 | Print Date: 2/22/2017
I.D. Number: PWDP

Permit Type: **GPETSTAT** Master Permit # _____ Sub Permit # _____

AFFORDABLE HOUSING HOUSING AUTHORITY HAS STATE FOR HUMANITY

COMPLETE FORM IN BLACK INK - ONLY SIGNATURES MAY BE IN STANDARD BLUE INK

Owner's Name _____ Phone # _____

Owner's Street Address _____

City _____ State _____ Zip Code _____ Owner's Email _____

Fee Simple Titleholder's Name (if other than owner) _____

Fee Simple Titleholder's Address _____ City _____ State _____ Zip _____

Job Address _____ City _____

Legal Description: Subdivision _____ Lot _____ Block _____ Building # _____

Type of Property: Single family Duplex/Two-family Multi-Family Condominium Commercial

Description of Work to be Done **Installation of Approved Design Pet Waste Bag Supply Station in City R/O/W**

For Office Use Only: Occupancy Type _____ Construction Type _____ Lowest Floor Elevation _____ Flood Zone _____

Application is hereby made to obtain a permit to do the work and installation as indicated. I certify that no installation or work 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 the City of Fort Lauderdale, OR I acknowledge that this is an application for an After the Fact permit. I understand that a separate permit must be secured for ELECTRICAL, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, AIR CONDITIONERS, DRIVEWAYS, ROOFS, 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. Furthermore, I authorize the above-named contractor to do the work stated.

WARNING TO OWNER: Your failure to record a notice of commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult your lender or an attorney before recording your notice of commencement. The notice of commencement must be recorded of the Broward County Clerk of the Courts, Room 114, 115 S Andrews Ave, Fort Lauderdale FL 33301.

NOTE TO OWNER: Your signature below authorizes the City of Fort Lauderdale to remove the device from city right of way at its discretion.

STATE OF _____ COUNTY OF _____

Signature _____

Circle one: Owner or Agent

Print Owner/Agent Name _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

Signature _____ NOTARY as to Owner/Agent

Print Notary Name _____

_____ Personally known or _____ Produced Identification

Type of Identification Produced _____

Notary Stamp: _____

