



DEVELOPMENT SERVICES DEPARTMENT – BUILDING SERVICES

DEMOLITION PERMITTING CHECKLIST

Rev: 13 | Revision Date: 2/26/2024 | Print Date: 2/26/2024 | I.D. Number: DEMOPC

DEMOLITION PERMITTING CHECKLIST

*** This permit is not for land clearing; it is for structural demolition.**

Please verify that your permit application package contains all applicable items required for permit issuance. Your permit application will not be processed if the required information is not complete or marked "not applicable."

- [Broward County Statement of Responsibilities Regarding Asbestos](#) (Building)(Residential greater than 4 units or commercial)
- Signed/sealed current surveys (identify which structures to be demolished and the sq. ft. of each)
 - **Partial demos:** Current survey followed by a signed/sealed survey at the completion of the demolition (Building)
 - Note: signed/sealed survey can be collected by the City Inspector at the final inspection. The Inspector will write his/her name, date and permit number along the edge of the survey before submitting it to the Chief Structural Inspector.
 - **Complete demos:** Current survey (Building)
- [Notice of Demolition or Asbestos Renovation Original from County](#) (Building)(Existing Commercial or Multifamily only)
- Pest Control Inspection Report indicating that property is free of rodents (Building)
- Daily Work Schedule - list of all equipment used for demolition of buildings more than one story (Building)
- Notarized letter from demolition contractor stating from where water will be obtained for dust control (Building)
- [Construction Debris Mitigation form](#) signed and dated by owner (Building)
- Gas Disconnect Letter (Plumbing) *Contact TECO GAS via email ncharles@tecoenergy.gqgarard@tecoenergy.com and request a letter stating there is no existing gas service at the property. You must provide your name, address of property, phone number, and reason for the letter (applying for a total demolition permit)*
For more info please call 305.957.3844 or 305.957.7541
- Water Meter Removal Letter** (included here) from City's Public Works Department (Plumbing)(Utilities ext. 5150)
- [Sewer Cap or Septic Tank Abandonment Permit](#) required with a passed inspection (Plumbing)
- FPL Disconnect Letter (Electrical)
- Copy of EPA License and/or letter from licensed contractor recovering refrigerant from A/C units (Mechanical)
- Fire Service Water Meter Removal Letter (if buildings have standpipes or sprinklers) (Fire)
- [Notice of Commencement](#) required to be on site if demolition cost is more than \$5,000
- A letter signed by the property owner in agreement that all undeveloped portions of a parcel of land shall be left undisturbed or planted with ground cover or lawn so as to leave no exposed soil in order to prevent dust or soil erosion. A designated contractor performing work for a City of Fort Lauderdale Unsafe Structures case shall be exempt from this requirement. The property owner is not exempt from this requirement. (Landscaping)
- If any staging and/or demolition is in the City's Right of Way, a Maintenance of Traffic permit is required when submitting the demolition permit. Also, any City Right of Way closure will require approval from Transportation and Mobility Department; please see: [Maintenance of Traffic Form and Guidelines](#) Please note: Any Right of Way closure over 72 hours requires a Revocable License and must be approved by the City Commission. (Engineering)
- [Hold Harmless Agreement for Demolition](#) (for partial **and** complete demo) (Engineering)
- [Dewatering Affidavit](#) (Engineering)



DEVELOPMENT SERVICES DEPARTMENT – BUILDING SERVICES

DEMOLITION PERMITTING CHECKLIST

Rev: 13 | Revision Date: 2/26/2024 | Print Date: 2/26/202 I.D. Number: DEMOPC

TREE PROTECTION

For existing trees on site, indicate the location of trees/palms on 2 (two) surveys and provide a corresponding list of tree number, botanical name, common name, overall height, trunk DBH for trees, clear trunk for palms, condition %, and indicate that all existing trees/palms are to be protected and will remain on site. Provide two (2) **Tree Protection Barricade Details** for existing trees on site to remain. This barricade must be installed prior to the beginning of proposed work.

A tree protection barricade inspection must be scheduled and passed if any trees are to remain on site, prior to Landscape Plan Review approval.

For trees that must be removed to access demo areas, provide separate sub-permit application for tree removal. Unless building master permit for site redevelopment is submitted, mitigation payment is required prior to closing of demo and tree permits.

If no trees exist on site, provide a letter stating such.

IF DEMOLITION IS COMMERCIAL OR MULTIFAMILY

Mitigation Permit along with bond payment as requested by Engineering Plan Reviewer for commercial properties or multifamily residential properties which are three units or more. (Engineering)

Provide an Erosion and Sediment Control (ESC) plan which includes details on the following: silt fence around the perimeter of site, rock construction entrance, vehicle wash down area, storm water basin protection devices (onsite and 100-ft. from the property lines), suitable dewatering, pumping, sedimentation and filtering systems for dewatering foundations, type and size of the temporary construction fence, including locations of gates and gate swing radii and a listing of other Best Management Practices. (Engineering)

- Provide a Staging and Storage Plan. The plan shall propose mitigation measures to minimize construction impacts to adjacent residential and businesses areas. The plan shall address items such as proposed fenced areas, material and equipment storage areas, crane locations, construction traffic, debris truck routing and times, noise control, dust control, glare/lighting control, potential impacts to underground utilities, construction & inspection personnel parking areas, and plans for maintaining traffic during the phases to be constructed. (Engineering)

I have reviewed and completely filled out this checklist and all applicable items in my application package.

Permit Applicant

Permit Processor

Process Number

OUTSIDE AGENCY APPROVALS

ENVIRONMENTAL DEPARTMENT OF PROTECTION
One N. University Drive

Plantation, FL
954-765-4400

BROWARD COUNTY HEALTH DEPARTMENT
2421 SW 6 Avenue – Fort Lauderdale, FL

General Information 954-467-4800
New Septic Tank 954-467-4901
Restaurants and Pools 954-467-4923



Florida Department of Environmental Protection
Division of Air Resource Management

DEP Form 62-257.900(1)
Effective 10-12-08
Page 1 of 2

NOTICE OF DEMOLITION OR ASBESTOS RENOVATION

TYPE OF NOTICE (CHECK ONE ONLY): ORIGINAL REVISED CANCELLATION COURTESY
TYPE OF PROJECT (CHECK ONE ONLY): DEMOLITION RENOVATION
IF DEMOLITION, IS IT AN ORDERED DEMOLITION? YES NO
IF RENOVATION: IS IT AN EMERGENCY RENOVATION OPERATION? YES NO
IS IT A PLANNED RENOVATION OPERATION? YES NO

I. Facility Name

Address

City State Zip County

Site Consultant Inspecting Site

Building Size (Square Feet) # of Floors Building Age in Years

Prior Use: School/College/University Residence Small Business Other

Present Use: School/College/University Residence Small Business Other

II. Facility Owner Phone

Address

City State Zip

III. Contractor's Name Phone

Address

City State Zip

Is the contractor exempt from licensure under section 469.002(4), F.S.? YES NO

IV. Scheduled Dates: (Notice must be postmarked 10 working days before the project start date)

Asbestos Removal (mm/dd/yy) Start: Finish: Demo/Renovation (mm/dd/yy) Start: Finish:

V. Description of planned demolition or renovation work to be performed and methods to be employed, including demolition or renovation techniques to be used and description of affected facility components.

Procedures to be Used (Check All That Apply):

Table with 4 columns: Strip and Removal, Glove Bag, Bulldozer, Wrecking Ball; Wet Method, Dry Method, Explode, Burn Down; OTHER:

VI. Procedures for Unexpected RACM:

VII. Asbestos Waste Transporter: Name Phone

Address

City State Zip

VIII. Waste Disposal Site: Name Class

Address

City State Zip

IX. RACM or ACM: Procedure, including analytical methods, employed to detect the presence of RACM and Category I and II nonfriable ACM.

Amount of RACM or ACM*

- square feet surfacing material
linear feet pipe
cubic feet of RACM off facility components
square feet cementitious material
square feet resilient flooring
square feet asphalt roofing

X. Fee Invoice Will Be Sent to Address in Block Below: (Print or Type)

Empty box for fee invoice address

*Identify and describe surfacing material and other materials as applicable:

I certify that the above information is correct and that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart M) will be on-site during the demolition or renovation and evidence that the required training has been accomplished by this person will be available for inspection during normal business hours.

(Print Name of Owner/Operator) (Date)

(Signature of Owner/Operator) (Date)

Instructions

The state asbestos removal program requirements of s. 376.60, F.S., and the renovation or demolition notice requirements of the National Emission Standards for Hazardous Air Pollutants (NESHAP), 40 CFR Part 61, Subpart M, as embodied in Rule 62-257, F.A.C., are included on this form.

Check to indicate whether this notice is an original, a revision, a cancellation, or a courtesy notice (i.e., not required by law). If the notice is a revision, please indicate which entries have been changed or added.

Check to indicate whether the project is a demolition or a renovation.

If you checked demolition, was it **ordered** by the State or a local government agency? If so, in addition to the information required on the form, the owner/operator must provide the name of the agency ordering the demolition, the title of the person acting on behalf of the agency, the authority for the agency to order the demolition, the date of the order, and the date ordered to begin. A copy of the order must also be attached to the notification.

If you checked renovation, is it an **emergency renovation operation**? If so, in addition to the information required on the form, the owner/operator must provide the date and hour the emergency occurred, the description of the sudden, unexpected event, and an explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden. If you checked renovation and it is a **planned renovation operation**, please note that the notice is effective for a period not to exceed a calendar year of January 1 through December 31.

- I. Complete the facility information. This section describes the facility where the renovation or demolition is scheduled. This address will be used by the Department inspector to locate the project site. Provide the name of the consultant or firm that conducted the asbestos site survey/inspection. For "prior use" check the appropriate box to indicate whether the prior use of the facility is that of a school, college, or university; residence, as "residential dwelling" is defined in Rule 62-257.200, F.A.C.; small business, as defined in s. 288.703(1), F.S.; or other. If "other" is checked, identify the use. Please follow the same instructions for "present use."
- II. Complete the facility owner information.
- III. Complete the contractor information.
- IV. List separately the scheduled start and finish dates (month/day/year) for both the asbestos removal portion of the project and the renovation or demolition portion of the project.
- V. Describe and check the methods and procedures to be used for a planned demolition or renovation. Include a description of the affected facility components. (Note: The NESHAP for asbestos, which is adopted and incorporated by reference in Rule 62-204.800, F.A.C., requires obtaining Department approval prior to using a dry removal method in accordance with 40 CFR section 61.145(3)(c)(i).)
- VI. Describe the procedures to be used in the event unexpected RACM is found or previously nonfriable asbestos material becomes crumbled, pulverized, or reduced to powder after start of the project.
- VII. Complete the asbestos waste transporter information.
- VIII. Complete the waste disposal site information.
- IX. List the amount of RACM or ACM of each type of asbestos to be removed. (Note: A volume measurement of RACM off facility components is **only** permissible if the length or area could not be measured previously.) Identify and describe the listed surfacing material and other listed materials as applicable.
- X. Provide the address where the Department is to send the invoice for any fee due. Do not send a fee with the notification. The fee will be calculated by the Department pursuant to Rule 62-257.400, F.A.C.

Sign the form and mail the original to the district or local air program having jurisdiction in the county where the project is scheduled (**DO NOT FAX**). The correct address can be obtained by contacting the State Asbestos Coordinator at: Department of Environmental Protection, Division of Air Resources Management, 2600 Blair Stone Road, Tallahassee, FL 32399-2400.



DEVELOPMENT SERVICES DEPARTMENT – BUILDING SERVICES

CONSTRUCTION DEBRIS MITIGATION LETTER

Rev: 4 | Revision Date: 1/19/2023 | I.D. Number: CDML

Dear Resident or Contractor,

Welcome to the City of Fort Lauderdale. We're glad you're working in our City. I would like to take this opportunity to help make this a more productive and successful experience for you as well as the neighborhood. As you are aware, construction in our older neighborhoods must be approached carefully as the streets are narrower, families are abundant and the potential for negative impacts are increased. Adherence to the following guidelines will help to ensure that your job progresses and is uninterrupted due to negative impacts on the neighborhood:

- All construction sites are required to provide containers for solid waste and construction debris. These **containers/dumpsters should be located on site and not on the swale or City right-of-way.**
- No construction debris shall become airborne or cause a nuisance or disruption to the health, safety or welfare of the surrounding neighbors.
- All solid waste and construction debris **shall be removed from the site or placed in a suitable container within 24 hours.** This 24-hour period may be reduced at the discretion of the city inspector, where it is necessary for the protection of human health, welfare or safety, or to protect the environment.
- Broom cleaning of adjacent streets and sidewalks is **required on a daily basis.**
- Placement of construction materials or portable sanitation facilities in the city right-of-way **is prohibited.** Please **use common courtesy with placement** of port-o-potty. (ie. proximity of a neighbor's kitchen window would not be appropriate.)
- **Noise is prohibited before 8:00 a.m.** and must cease at 7:00 p.m. Jobsite activity is acceptable prior to 8:00 a.m.; however, noise shall not emanate from the site until after 8:00 a.m.
- Parking on the private property of others or blocking of any driveways **is prohibited.**
- Deliveries of construction materials on large trucks shall be planned and well monitored. Utilize flagmen, as necessary, to ensure the flow of neighborhood traffic is not impeded. All roadway lanes shall remain open at all times unless traffic mitigation plan is approved.

Again, we're glad you're working in our City, but we would be remiss if we did not inform you that on-site inspections by City Building Inspectors and other building officials will occur, as needed, to ensure that the concerns of adjacent property owners regarding construction debris and noise are being properly and timely addressed. Your cooperation in these matters is greatly appreciated

Sincerely,

John T Travers
Building Official

Property Owner or Authorized Agent Signature / Date

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-17-2022

Select One Trade: Building Electrical Plumbing Mechanical Other _____

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: _____

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: _____



WATER METER REMOVAL LETTER

Prior to the issuance of the **Demolition Permit**, this form must be completed and taken to the **Water Department** to be stamped.

Name of Applicant: _____

Owner's Name: _____

Owner's Phone: _____

Contractor's Name: _____

Contractor's Phone: _____

Job Address(es): _____

Account Number or Location Number: _____

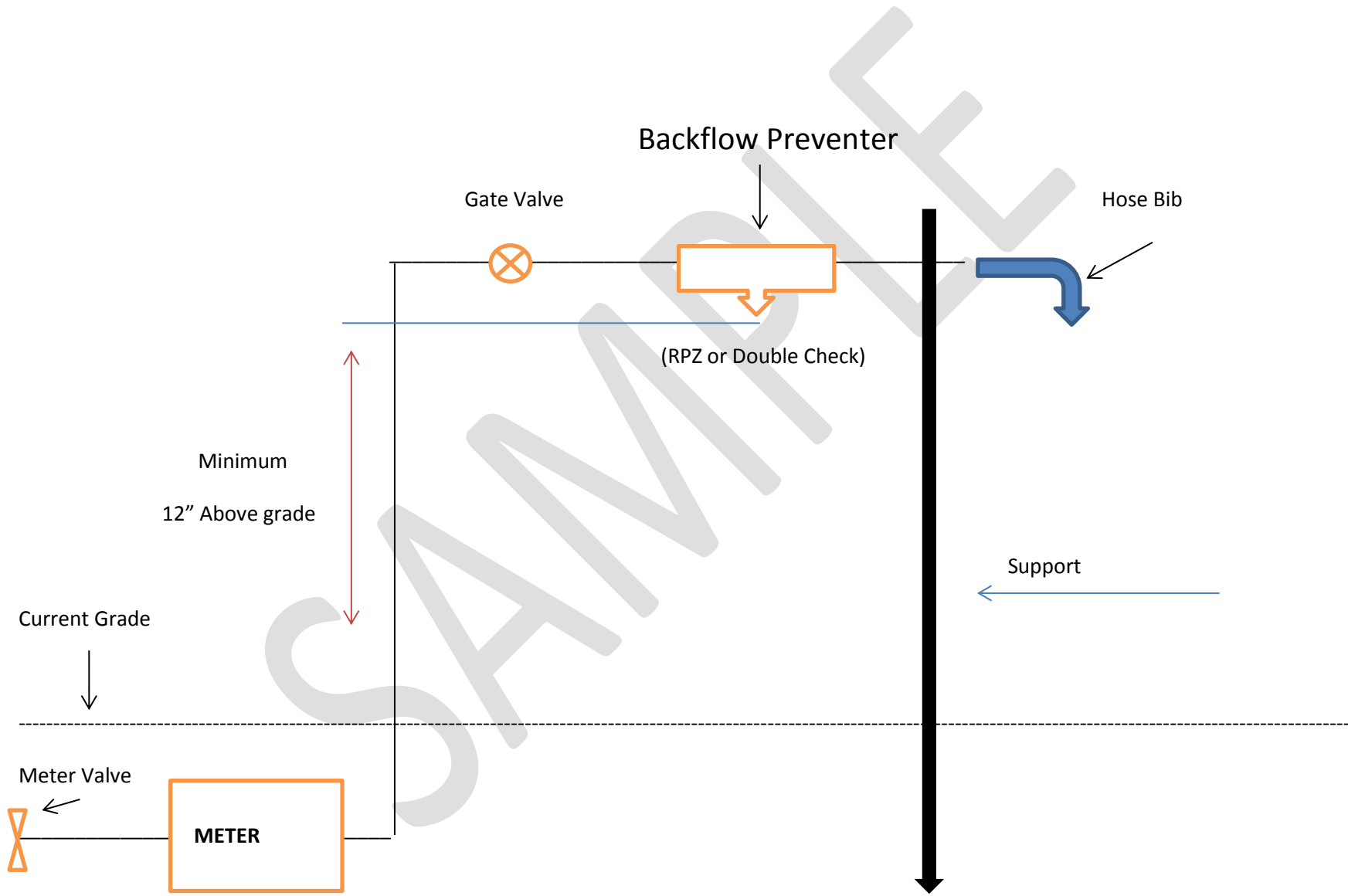
Please check the appropriate box(es). "**Remove Water Meter**" is **required** unless special permission is obtained from the Manager of Distribution and Collection.

<input type="checkbox"/>	Remove Water Meter
<input type="checkbox"/>	Keep Service Line (City Side)
<input type="checkbox"/>	Remove Service Line (City Side)

Signature: _____

Please return this stamped form to: Development Services Department
700 NW 19th Avenue
Fort Lauderdale, Florida 33311

Simple Backflow Drawing





NOTICE OF COMMENCEMENT

The undersigned hereby given notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes the following information is provided in the Notice of Commencement.

PERMIT NUMBER: _____

1. DESCRIPTION OF PROPERTY (Legal description & street address, if available) **TAX FOLIO NO.** _____

SUBDIVISION _____ **BLOCK** _____ **TRACT** _____ **LOT** _____ **BLDG** _____ **UNIT** _____

2. GENERAL DESCRIPTION OF IMPROVEMENT:

3. OWNER INFORMATION: a. Name _____

b. Address _____ **c. Interest in property** _____

Name and address of fee simple titleholder (if other than Owner) _____

4. CONTRACTOR'S NAME, ADDRESS AND PHONE NUMBER:

5. SURETY'S NAME, ADDRESS AND PHONE NUMBER AND BOND AMOUNT:

6. LENDER'S NAME, ADDRESS AND PHONE NUMBER:

7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1) (a) 7, Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

8. In addition to himself or herself, Owner designates the following to receive a copy of the Lienor's Notice as provided in Section 713.13 (1) (b), Florida Statutes:
NAME, ADDRESS AND PHONE NUMBER:

9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) :

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN 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.

**Signature of Owner or
Owner's Authorized Officer/Director/Partner/Manager**

Print Name and Provide Signatory's Title/Office

State of Florida
County of Broward

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization, this _____ day of _____ 20____
by _____, who is personally known _____ or produced the following type of identification: _____

Notary

(Signature of Notary Public)

Under Penalties of perjury, I declare that I have read the foregoing and that the facts in it are true to the best of my knowledge and belief (Section 92.525, Florida Statutes).



DEMOLITION HOLD HARMLESS

Rev: 4 | Revision Date: 2/21/2024 | Print Date: 2/21/2024 I.D. Number: DHH

HOLD HARMLESS AGREEMENT FOR DEMOLITION WORK ACTIVITIES WITHIN THE CITY’S JURISDICTION

In association with the issuance of Building Permit # _____, the signatories below (“hereby referred to as Owner) individually agree to the following:

During the pendency of the Demolition Work Activities until completion, the Owner shall protect, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all lawsuits, penalties, damages, settlements, judgments, decrees, costs, charges and other expenses, including attorneys’ fees and liabilities of every kind, nature or degree resulting from or arising out of actions associated with the actions associated with Building Permit being issued by City. Without limiting the foregoing, any and all such claims, suits, causes of action relating to personal injury, death, damage to property, or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court, is included in the indemnity. The Owner further agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and agrees to bear all other costs and expenses related thereto even if the claim is groundless, false or fraudulent and if called upon by the City, Owner shall assume and defend not only itself but also the City in connection with any claims, suits or causes of action, and any such defense shall be at no cost or expense whatsoever to City, provided that the City (exercisable by the City’s Risk Manager) shall retain the right to select counsel of its own choosing.

Property Address: _____

(Contracted Company Name)

(Printed Name of Qualifier for Contracted Company)

As a consideration for the permission granted herein, _____ (Property Owner) agrees to indemnify and hold harmless the City of Fort Lauderdale for any damages, claims or injuries that may result from the temporary traffic modification described herein.

(Property Owner’s Signature)

By: _____
(Qualifier for Contracted Company)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 202___, by (Name and title of authorized officer) for (Name of corporation), a (whatever type of corporation).

Notary Public
State of Florida
County of _____

My Commission Expires: _____



DEMOLITION HOLD HARMLESS

Rev: 4 | Revision Date: 2/21/2024 | Print Date: 2/21/2024 I.D. Number: DHH

HOLD HARMLESS AGREEMENT FOR DEMOLITION WORK ACTIVITIES WITHIN THE CITY’S JURISDICTION

In association with the issuance of Building Permit # _____, the signatories below (“hereby referred to as Owner) individually agree to the following:

During the pendency of the Demolition Work Activities until completion, the Owner shall protect, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all lawsuits, penalties, damages, settlements, judgments, decrees, costs, charges and other expenses, including attorneys’ fees and liabilities of every kind, nature or degree resulting from or arising out of actions associated with the actions associated with Building Permit being issued by City. Without limiting the foregoing, any and all such claims, suits, causes of action relating to personal injury, death, damage to property, or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation or decree of any court, is included in the indemnity. The Owner further agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and agrees to bear all other costs and expenses related thereto even if the claim is groundless, false or fraudulent and if called upon by the City, Owner shall assume and defend not only itself but also the City in connection with any claims, suits or causes of action, and any such defense shall be at no cost or expense whatsoever to City, provided that the City (exercisable by the City’s Risk Manager) shall retain the right to select counsel of its own choosing.

Property Address: _____

(Contracted Company Name)

(Printed Name of Qualifier for Contracted Company)

As a consideration for the permission granted herein, _____ (Property Owner) agrees to indemnify and hold harmless the City of Fort Lauderdale for any damages, claims or injuries that may result from the temporary traffic modification described herein.

(Property Owner’s Signature)

By: _____
(Qualifier for Contracted Company)

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, 202___, by (Name and title of authorized officer) for (Name of corporation), a (whatever type of corporation).

Notary Public
State of Florida
County of _____

My Commission Expires: _____



DEWATERING AFFIDAVIT

Rev: 11 | Revision Date: 2/28/2024 |

I.D. Number: DSD-E-DA

STATE OF FLORIDA
COUNTY OF BROWARD

Master Permit Number: _____

Before me this day personally appeared _____ of _____
(Contractor's Name) (Contractor's Company)

who, being duly sworn deposes and says that they have investigated and determined through available resources or technologies the existing groundwater for this site. The Contractor has evaluated that under the permit application he/she has determined the following applies for the work listed under the permit referenced above

(CONTRACTOR MUST CHECK/INITIAL ONE of the 3 Items BELOW):

1. _____
INITIAL No dewatering is anticipated.
2. _____
INITIAL Dewatering is anticipated and existing site conditions allow for groundwater discharge to be **maintained on-site** through approved dewatering technologies and methods. No discharge shall occur to adjacent properties, water bodies or City Right of Way.
3. _____
INITIAL DEWATERING PERMIT REQUIRED - Dewatering is anticipated and existing site conditions and / or limits of work will require groundwater to be **discharged off-site** through appropriate and approved methods. All proper permits, including an Engineering [DEWATERING PERMIT](#) from the Department of Sustainable Development and other applicable jurisdictions, as necessary, shall be obtained prior to execution of any dewatering activities.

City of Fort Lauderdale dewatering permit does not constitute approval from any other applicable jurisdiction such as State Health Department, State Department of Environmental Protection, or the Environmental Protection and Growth Management Department. Please be advised a dewatering permit from Broward County Environmental Protection Department (EPD) is required for sites within a ¼ mile of a known [contamination site](#). Please contact the County primary contact via ear@broward.org to obtain a permit requirement determination. County secondary contact call 954 519-1483.

The CONTRACTOR shall hold harmless and indemnify the City, its Officials, and authorized representatives for any damage to adjacent structures, and agree further to pay for damages and all legal or professional costs, fines, etc. for failure to comply with State Law and/or Water Policy and the [City of Fort Lauderdale Ordinances](#) as a result of site activities that arise from CONTRACTOR dewatering activities.

JOB ADDRESS: _____

LOT: _____ BLOCK: _____ SUBDIVISION: _____

CITY: _____ STATE: _____ ZIP: _____

Contractor Name **(Please Print or Type)**

Owner Name **(Print or Type)** - Note: Projects over 1 (one) Acre in size requires filing a Notice of Intent with FDEP.

Contractor Signature _____

Owner Signature _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 202__, by _____ (Name and title of authorized officer) for _____ (Name of corporation), a _____ (whatever type of corporation).

Personally Known ____ OR Produced Identification ____
Type of Identification Produced _____

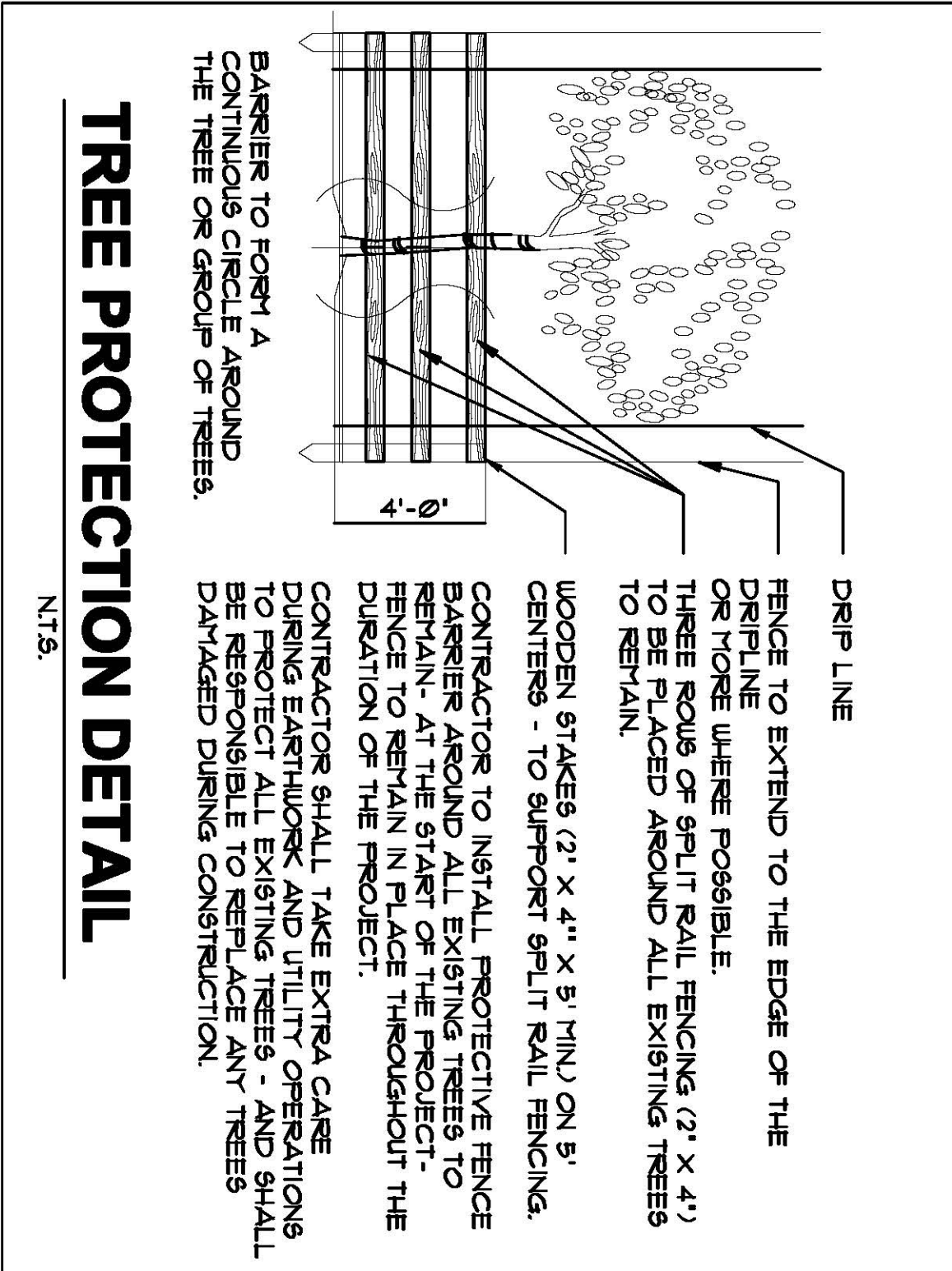
Notary Public – State of Florida at Large
My Commission Expires: _____





TREE PROTECTION DETAIL

Rev: 1 | Revision Date: 4/10/2018 | I.D. Number: TPD





TREE PERMIT APPLICATION

Rev: 2 | Revision Date: 3/8/2019 | Print Date: 3/8/2019 I.D. Number: TPA

Master Permit #: _____ Sub Permit #: _____

Permit Type: Tree Relocation Tree Removal Specimen Tree Removal Demolition Renewal Change Contractor

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

1. Property Owner's Name: _____
Owner's Address: _____ City: _____ State: _____ Zip _____
Owner's Phone:(_____) _____ - _____ Owner's Email: _____

2. Contractor: _____
Certificate of Competency #: _____ State Registration # : _____
Contractor Address: _____ City: _____ State: _____ Zip _____
Contractor Phone:(_____) _____ - _____ Contractor Email: _____

3. Job Address: _____
Subdivision: _____ Block: _____ Lot: _____
Type of Property: Single Family Multi-Family Right-of-Way Non-Residential

4. Engineer: _____
Engineer Address: _____ City: _____ State: _____ Zip _____
Engineer Phone:(_____) _____ - _____ Engineer Email: _____

5. Architect: _____
Architect Address: _____ City: _____ State: _____ Zip _____
Architect Phone:(_____) _____ - _____ Architect Email: _____

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 WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

Affidavit: Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work or installation will be performed to meet the standards of all laws regulating construction in the City of Fort Lauderdale. I certify that all the forgoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

Signature of Legal Owner/Agent: Including Contractor with notarized statement.

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20____ by _____
(Type / Print Owner's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Name & Title (printed) _____
(Type / Print Notary's Name)

Personally Known _____ or Produced ID _____
Type of Identification Produced: _____

Signature of Legal Contractor:

X _____
STATE OF FLORIDA - COUNTY OF BROWARD
Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20____ by _____
(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Qualifier's Signature

Name & Title (printed) _____
(Type / Print Notary's Name)

Personally Known _____ or Produced ID _____
Type of Identification Produced: _____

