



Building Department
4501 N Ocean Drive
Lauderdale-By-The-Sea, FL 33308
954-640-4215

APPLICATION FOR ADDITIONS AND ALTERATIONS

Submission Requirements:
(Must submit two of each document)

- COMPLETE BUILDING PERMIT APPLICATION SIGNED AND NOTARIZED
- DOCUMENTED PROOF OF COST INCLUDING ALL TRADES
- NOTICE OF COMMENCEMENT FOR PROJECTS OVER \$2,500 IN VALUE
- ZONING APPROVAL
- ENGINEER APPROVAL
- HOMEOWNER'S APPROVAL
- ARCHITECTURAL PLANS SIGNED AND SEALED
- BROWARD COUNTY PROPERTY APPRAISERS ASSESSED VALUATION
- KEY PLAN OF BUILDING AND LOCATION OF UNIT AND WORK AREA (MULTI FAMILY BUILDINGS)
- CONSTRUCTION FENCE PERMIT INCLUDING SILT FENCE FOR PERIMETER OF PROPERTY AND FILTER FABRIC OVER CATCH BASINS
- PERCENTAGE OF IMPROVEMENT COST TO BUILDING VALUE CALCULATIONS
- CURRENT SURVEY SIGNED AND SEALED SHOWING ALL EASEMENTS AND ELEVATIONS
- SITE PLAN SHOWING PROPOSED ELEVATION
- ELEVATION CERTIFICATE SIGNED AND SEALED, BASE FLOOD ELEVATION, AND FLOOD ZONE
- WIND LOAD CALCULATIONS SIGNED AND SEALED BY ENGINEER
- UL FIRE STOPPING DETAILS FOR PENETRATIONS IN FIRE RATES ASSEMBLIES (MULTI FAMILY BUILDINGS)
- UL APPROVED FIRE WALL DETAILS (MULTI FAMILY BUILDINGS)
- SOUND PROOFING DATA FOR WALLS AND FLOORS
- PRODUCT APPROVALS HIGHLIGHTED AND APPROVED BY DESIGNER OF RECORD
- PERVIOUS/IMPERVIOUS CALCULATIONS SIGNED AND SEALED BY DESIGNER OF RECORD
- ENERGY CALCULATIONS
- INSULATION AND FENESTRATION DOCUMENTATION COMPLYING WITH R401 OR C401 FBC ENERGY

THE FOLLOWING DOCUMENTS IF REQUIRED

- FIRE DEPARTMENT APPROVAL
- HOTEL AND RESTAURANT APPROVAL
- HEALTH DEPARTMENT APPROVAL
- ELEVATOR PERMIT
- DEPARTMENT ON NATURAL RESOURCE APPROVAL
- COASTAL CONSTRUCTION PERMIT



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LBTS BUILDING DEPARTMENT

DURING A HURRICANE WATCH & BEFORE THE ONSET OF HURRICANE VELOCITY WINDS, YOU ARE REQUIRED TO

SECURE THE SITE

IN ACCORDANCE WITH THE BROWARD COUNTY ADMINISTRATIVE PROVISIONS OF THE FLORIDA BUILDING CODE SECTION 110.12.2.4

All loose objects in exposed outdoor locations shall be lashed to rigid construction or shall be stored inside an enclosed structure.

NOTICES ISSUED BY THE NATIONAL WEATHER SERVICE OF A HURRICANE WATCH ARE DEEMED SUFFICIENT NOTICE TO THE OWNER OF REAL PROPERTY UPON WHICH CONSTRUCTION IS OCCURRING, OR ANY CONTRACTOR RESPONSIBLE FOR SAID CONSTRUCTION, TO SECURE LOOSE CONSTRUCTION DEBRIS AND LOOSE CONSTRUCTION MATERIALS AGAINST EFFECTS OF HURRICANE FORCE WINDS

This includes but is not limited to:

- **110.13.2.1 Road Right-of-Way shall remain clear of construction waste and trash**
- **110.13.2.2 Waste and Trash Enclosures Temporary Toilets**
- **110.13.2.3 Loose construction debris forms and construction materials**
- **110.13.2.5 Roofing tile and materials construction shacks**
- **110.13.2.8(1) Loading of Roof Tile**
- **110.13.2.5(4) Store the construction materials inside an enclosed structure**
- **110.13.3 Building materials shall be loaded on a roof no earlier than 200 working days prior to permanent installation**
- **Temporary electric service poles**

AND PROTECT ALL GLASS AREAS

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

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 Used: _____		
	Description of Work: _____				
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____				
	Legal Description: _____				<input type="checkbox"/> 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: <input type="checkbox"/>	License Number: _____	

4	Architect/Engineer's Name: _____	Phone: _____	Email: _____	
	Architect/Engineer's Address: _____	City: _____	State: _____	Zip: _____
	Bonding Company: _____			
	Bonding Company Address: _____	City: _____	State: _____	Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____			
	Fee Simple Titleholder's Address (If other than owner): _____	City: _____	State: _____	Zip: _____
	Mortgage Lender's Name: _____			
	Mortgage Lender's Address: _____	City: _____	State: _____	Zip: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation 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 this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, 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.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY 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.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF _____
COUNTY OF _____

STATE OF _____
COUNTY OF _____

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

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

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

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

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.



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Time Limits for Construction – **NOTICE TO OWNER**

Town Code Section 6-12 of the Town’s Code of Ordinances requires:

1. *New construction* – The construction of any new structure or new addition to an existing structure to be completed and all construction material, equipment and debris removed from the property within 18 months of the date of the issuance of the first building permit.
2. *Exterior repair and renovation* – The exterior elements of any repair or renovation to an existing structure which requires a building permit shall be completed and all construction material, equipment and debris removed from the property within 6 months of the issuance of the first building permit.

Failure to complete construction within the specified timeline will result in legal action by the Town.

If there are extenuating circumstances that prohibit the property owner from completing the construction within the deadline, the owner may seek an extension of time from the Town Commission. An application for extension of time may be obtained from the Development Services Department or Town clerk.

Owner’s Acknowledgement

I acknowledge that I have received and understand the Town’s code provisions regarding the time period to complete construction projects.

Signature: _____ Date: _____

Print Name: _____

Address of Property: _____

PERMIT NUMBER: _____

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.

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 _____

d. 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): ____, 20____

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**
State of Florida
County of Broward

Print Name and Provide Signatory's Title/Office

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

By _____, as _____
(name of person) (type of authority, ...e.g. officer, trustee, attorney in fact)

For _____ (name of party on behalf of whom instrument was executed)

_____ 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).

Signature(s) of Owner(s) or Owner(s)' Authorized Officer/ Director / Partner/Manager who signed above:

By _____ By _____



STATEMENT OF RESPONSIBILITIES REGARDING ASBESTOS

IF YOU ARE PLANNING TO DEMOLISH OR RENOVATE ANY EXISTING STRUCTURE, YOU MAY BE SUBJECT TO FEDERAL AND COUNTY RULES RELATING TO THE DEMOLITION AND THE HANDLING OF ASBESTOS CONTAINING MATERIAL. PLEASE FILL OUT THIS FORM TO DETERMINE IF THE ASBESTOS RULES AND A FEE APPLY TO YOU. SEE REVERSE SIDE FOR ADDITIONAL INFORMATION.

I. PROJECT INFORMATION:

Facility Owner: Phone:
Mailing Address: City: Zip:
Project Address: City: Zip:
Contractor Performing Work: Phone:
Email: Building Department Jurisdiction:
Estimated Start Date: (MM/DD/YY) Estimated Finish Date: (MM/DD/YY)

II. MARK THE APPROPRIATE BOX(ES) IF APPLICABLE:

1. Single-family residential home (not for commercial purpose) - If you check this box, skip sections 2 and 3. Review the back of this form and then sign and date this form at the bottom.

2. FACILITY: (Check One)

- Commercial, industrial, or public building
School/ College/ University
Any residential building with more than four dwelling units
Unsafe structure
Two or more residential structures at the same site
Emergency
Any residential property being demolished for commercial purposes or by government order

3. ACTIVITY: (Check all that apply)

- Renovations: Built-up roofing removal (>5580 ft^2): Removal Method: Hand Tools Power Saw
Exterior alteration (>160ft^2): Stucco/Finishes Other
Interior alteration (>160ft^2): Floor covering Wall Board Ceiling Piping Floor/Wall Mastic Wall Finishes
HVAC Other
Demolition: Total Partial Column Tie Beam Truss(es) Exterior Wall(s) Other

III. IF ANY BOX IS MARKED UNDER FACILITY AND ACTIVITY THEN THE FOLLOWING ITEMS ARE REQUIRED:

- 1. An original Notice of Demolition or Asbestos Renovation using DEP form 62-257.900(1)* or electronic notification* must be completed and submitted at least ten (10) working-days before start of project, for:
all demolitions
all renovations involving at least 160 ft^2, 260 Lft. or 35 ft^3 of regulated asbestos containing material
2. The asbestos survey report must be done in accordance with Broward County Code Chapter 27, Section 180 to indicate the presence or absence of asbestos containing material.
3. Payment of the appropriate fee per fee schedule, if applicable.

I have received information regarding the use of a Florida licensed asbestos professional and understand that I may be subject to the ten (10) working-day advanced notification requirement under the Federal Law regarding demolitions and renovations (See reverse side).

Owner/Authorized Agent (print) Title:

Signature Date

*Notice of Demolition or Asbestos Renovation form and fee schedule are available at: www.broward.org/epermits

For Official Use: An Asbestos Survey Is Required Is Not Required

WHITE - PPRAQD, YELLOW - Building Department, PINK - Applicant

WARNING

YOU MAY BE SUBJECT TO SUBSTANTIAL PENALTIES UNDER FEDERAL LAW FOR FAILURE TO PROVIDE WRITTEN NOTIFICATION AT LEAST TEN (10) WORKING-DAYS PRIOR TO DEMOLITION OR RENOVATION. PLEASE BE ADVISED THAT A CITY / COUNTY DEMOLITION OR RENOVATION PERMIT DOES NOT MEET THE REQUIREMENT OF THE TEN DAY NOTIFICATION.

THIS FORM DOES NOT CONSTITUTE A 10 WORKING-DAY NOTIFICATION.

DEMOLITION: The Federal regulations for asbestos require a ten (10) working-day advanced notification from owners or operators (including contractors) engaged in the demolition of a facility. "Facility" is defined to include all structures, installations and multiple buildings, but excludes a single residential building having four or fewer dwelling units. Demolition includes the wrecking or dismantling of any load-supporting structural member. This includes beams and load supporting walls. The notification is required even if no asbestos containing materials are present in the facility, must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

RENOVATION: Notification is required for renovation projects of a facility if the amount of Regulated Asbestos Containing Material (RACM) being removed, stripped, or disturbed is greater than or equal to 160 square feet, 260 linear feet of pipe insulation or 35 cubic feet of facility components. The notification is required to be submitted at least ten (10) working-days prior to the renovation and must be accompanied by an asbestos survey performed in accordance with Broward County Code Section 27-180 and the appropriate fee.

The original **Notice of Demolition or Asbestos Renovation** DEP Form 62-257.900(1), an **asbestos survey report and the appropriate fee** must be submitted to:

Broward County Environmental Protection and Growth Management Department
Pollution Prevention Remediation and Air Quality Division
One North University Drive, Suite 203
Plantation, FL 33324
954-519-1260

Federal asbestos regulations apply to both the facility owner and operator. Both owner and operator can be held liable for failure to submit a **Notice of Demolition or Asbestos Renovation** form at least ten (10) working-days prior to a demolition, or renovation involving greater than 160 square feet, 260 linear feet or 35 cubic feet of RACM.

USE OF A FLORIDA LICENSED ASBESTOS CONSULTANT

Florida Statutes require that no person shall conduct an asbestos survey, develop an Operation and Maintenance Plan, prepare abatement specifications, or monitor and evaluate asbestos abatement, unless trained and licensed as an asbestos consultant with the following exceptions:

- A homeowner may act as a licensed asbestos consultant in the home (four or fewer dwelling units) in which they reside if they sign a disclosure statement at the building department.
- Built-up roofing containing asbestos may be removed by state certified roofers under the direction of an onsite roofing supervisor properly trained in asbestos-containing roof removal.



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SPECIAL INSPECTOR INTENT AND INSPECTION PLAN

Date: _____ Permit #: _____

Project Address: _____

Contractor: _____

I shall:

- Maintain inspection report logs at the job site for Building Department inspections
- Deliver to the Building Department signed and sealed copies weekly
- Call for all required Building Code inspections

I shall conduct inspections in their entirety for all of the following but not limited to:

Reinforced Unit Masonry System

- Masonry units, grout, reinforcing steel, cells clear of excessive mortar, grout slump, grout consolidation, proper high or low lift grouting procedures are followed, correct embedment of reinforcing steel, bolts, compliance with ACI 530, Florida Building Code
- System compliance with ACI 530, and approved plans
- Verify spot survey and elevation certificate have been approved by the Town's Building Department prior to the placement of grout or concrete into cells, columns and beams, and precast units

Metal System Buildings

- Pre-engineered, prefabricated metal building systems, erection, bracing, connections, structural members, panels, columns, sheets, purlins, and grits

Smoke Control System

- Verify proper commissioning of the smoke control design in the final installed condition. Duration of operation, operation protection, smoke barriers sealed, marking and identification, system response time, and testing

Unusual Building Size, Height, Design or Method of Construction

- Connections, bolt types, welds

Windows, Glass Doors, and Curtain Walls

- Mullion connections, window connections, glass type, energy rating of glass, wind load compliance

Pile Driving

- Marinating pile log, bearing capacity of each pile, depth of pile

FORM FOR "SPECIAL BUILDING INSPECTOR"
SECTION 110.10 – BROWARD COUNTY ADMINISTRATIVE CODE
AND THE FLORIDA BUILDING CODE, 6th Edition (2017)

NOTICE TO PROPERTY OWNER:

You are hereby directed in accordance with Section 110.10.1 or 110.10.2 of the Broward County Administrative Code and the Florida Building Code to retain a Special Structural Inspector (A Florida Registered Architect or Licensed Engineer) to perform the following mandatory or discretionary inspections, as outlined in Section 110.10 of the Florida Building Code and submit progress reports, inspections reports, and a Certificate of Compliance to the Building Official as per Sections 110.10.6 and 110.10.7 of the Florida Building Code.

Note: The Building Official determines which discretionary inspections are to be delegated.

DATE: _____ IDENTIFICATION, CONTROL OR BUILDING PERMIT # _____
PROJECT NAME: _____
JOB ADDRESS _____ ZIP _____
LEGAL DESCRIPTION: _____ FOLIO # _____

A. MANDATORY INSPECTIONS TYPE BY CODE:

- 1) Precast Concrete Units – Section 110.10.2.1 Yes No
- 2) Reinforced Unit Masonry – Section 110.10.2.2 (per ACI 530.1-13-Level B Quality Assurance)*
*unless noted otherwise on plan Yes No
- 3) Connections – 110.10.2.3 Yes No
- 4) Metal System Buildings – Section 110.10.2.4 Yes No
- 5) Smoke Control Systems – Section 110.10.2.5 Yes No

B. DISCRETIONARY INSPECTION TYPE BY BUILDING OFFICIAL:

- 1) Building Structures or part thereof of Unusual Size, Height, Design or Method of Construction and
Critical Structural Connections – Section 110.10.1.1 Yes No
- 2) Windows, Glass Doors and Curtain Walls on buildings over two (2) stories – Section 110.10.1.1 Yes No
- 3) Pile Driving Only – Section 110.10.1.1 Yes No
- 4) Precast Concrete Units – Section 110.10.2.1 Yes No
- 5) Reinforced Unit masonry – Sections 110.10.2.2 Yes No
- 6) Other Yes No

C. MANDATORY DOCUMENTATION

- 1) Inspection schedule stating the specific inspection that will be made and at what phase of construction must be submitted with this application.
- 2) Progress Report/Inspection reports during construction in accordance with Section 110.10.6.
- 3) Certificate of Compliance must be submitted prior to the scheduling of the final building inspection, Section 110.10.7.

ACKNOWLEDGMENT

Owner's Signature: _____ Permit Holder's Signature: _____
Printed Name: _____ Printed Name: _____
License # (if applicable) _____

SPECIAL BUILDING INSPECTOR:

Registered Architect and/or Licensed Engineer Signature of Special Building Inspector, Embossed Seal AND Date

Printed Name of Special Building Inspector: _____
Address of Special Building Inspector: _____

State of Florida Registration # _____ Fax # _____ Telephone # _____

Date: _____
Building Official (or designated representative)



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Impervious and Pervious Space Calculations

Permit #: _____ Date: _____

Owner: _____

Contractor: _____

Total Lot Area (SQ. FT)	_____	
Building Footprint Area	_____	% _____
Porch/Patios/Walkways/Slabs	_____	% _____
Driveway Area	_____	% _____
Pool/Patio Area	_____	% _____
Total Impervious Area	_____	% _____
Total Pervious Area	_____	% _____

I certify that all the foregoing information is accurate and that all work will be done in compliance with the applicable laws, construction and zoning regulations.

Owner: _____ Date: _____

Contractor: _____ Date: _____

THE TOWN RESERVES THE RIGHT TO REQUIRE THIS DOCUMENT TO BE SIGNED AND SEALED BY AN ENGINEER OR ARCHITECT

Architect/Engineer: _____ Date: _____ Seal