

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

Job Address: <u>2650 NW 4th Ave Unit 7</u>		Unit: _____	City: <u>Lauderhill Lakes FL</u>
Tax Folio No.:	Flood Zn:	BFE:	Floor Area:
Building Use:	Construction Type:		Job Value:
Present Use:	Proposed Used:		
Description of Work: <u>Plumbing Repair</u>			
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other:			
Legal Description: <u>Cypress Chase South Phase 2D</u>			<input type="checkbox"/> Attachment
Property Owner: <u>Cypress Chase South Phase 2D</u>		Phone: <u>754 234 4590</u>	Email: _____
Owner's Address: <u>2650 NW 4th Ave</u>		City: <u>Lakes</u>	State: <u>FL</u> Zip: <u>33313</u>
Contracting Co.: <u>T.P. Plumbing LLC</u>		Phone: <u>954 696 9510</u>	Email: _____
Company Address: <u>2801 NW 45th Ave</u>		City: <u>Lauderhill</u>	State: <u>FL</u> Zip: <u>33313</u>
Qualifier's Name: <u>Ivan Harris</u>		Owner-Builder: <input type="checkbox"/>	License Number: <u>CC # 21-5481 21</u>
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):		City:	State: Zip:
Fee Simple Titleholder's Address (If other than owner):		City:	State: Zip:
Mortgage Lender's Name:		City:	State: Zip:
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 Martha Adams

 Signature of Property Owner or Agent

X Ivan Harris

 Signature of Qualifier

STATE OF FLORIDA
 COUNTY OF BROWARD

STATE OF FLORIDA
 COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 1st day of July, 2024 by _____

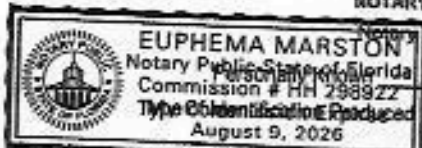
Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Martha Adams
 (Type / Print Property Owner or Agent Name)

Ivan Harris
 (Type / Print Qualifier's Name)

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

Euphema Marston
 NOTARY'S SIGNATURE as to Qualifier's Signature
 Notary Name: EUPHEMA MARSTON
 Commission # HH 298922
 Personally Known Produced Identification
 Type of Identification Produced: FLDL 2930
 Commission Expires: August 9, 2026



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.

Permit # _____ **AFTER THE FACT PERMIT APPLICATION**

Job Name: Cypress Chase D Parcel # 4941-25-HH-0000

Job Address: 2650 NW 49th Ave Bld 7 Landcastle Lakes FL 33313

Legal Description: Cypress Chase South Phase D 2650 NW 49th Ave Landcastle Lakes FL 33313

Property Owner Name & Address: Cypress Chase South 2650 NW 49th Ave Landcastle Lakes FL 33313

Phone Number: 754 274 4590

Fee Simple Title Holders Name & Address: _____

Bonding Co. Name & Address: _____

Mortgage Lender Name & Address: _____

Prime Contractor Name: Juan Harris
Address: 2251 NW 48th Ter #104 Landcastle FL 33313

Phone Number: 954-696-9784

Contractor's State Certification or Registration No.: RF11067857

Contractor's Local Certificate of Competency No.: CC# 21-CMP-22158-X

Architect/Engineer Name & Address: _____

SUB - CONTRACTOR	CO. LICENSE #	SUB - SIGNATURE
Roofing:		
Electrical:		
Gas:		
Mechanical:		
Plumbing:	<u>CC# 21-CMP-22158-X</u>	<u>Juan Harris</u>
Specialty:		

Description of Work: Adjust R/R pipe pressure relief valves to comply with code

Directions from Building Division: _____

of Bedrooms: _____ # of Bathrooms: _____ Code Edition: _____ Square Footage: _____

Estimated Cost: \$ _____ Electric Company: FP&L Clay Palacka Lake Kerr Keystone

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OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and true, and that all work will be done in compliance with all applicable laws regulating construction, contractor licensing and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF REQUIRED, A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOBSITE 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 Agent) (including contractor)
Martha Williams
STATE OF FLORIDA
COUNTY OF Howard 1st
Sworn to (or affirmed) and subscribed this 23 day of July 2023 by
Martha Williams
(Name of person making statement)

(Signature of Contractor)
Juan Harris
STATE OF FLORIDA
COUNTY OF Howard 1st
Sworn to (or affirmed) and subscribed this 24 day of July 2024 by
Juan Harris
(Name of person making statement)

EUPHEMA MARSTON
Notary Public - State of Florida
Commission # HH 298922
My Commission Expires August 9, 2026
Type of Identification Produced: FL 2450

(Signature of Notary Public - State of Florida)
Euphema Marston
(Print, Type, or Stamp Commissioned Name of Notary Public)
Personally Known OR Produced Identification
Type of Identification Produced: FL 2450

EUPHEMA MARSTON
Notary Public - State of Florida
Commission # HH 298922
My Commission Expires August 9, 2026

Application Approved by: _____ Permit Officer

OFFICE USE ONLY

PLANNING/ZONING INFORMATION

Zone: _____		Land Use: _____	
Parcel Number: _____ - _____ - _____ - _____ - _____			
Minimum Setbacks:			
Front: _____	Rear/Water: _____	Side/Corner: _____	
FEMA/FIRM			
Flood Zone: _____	BFE: _____	NAVD88 _____	DFE/HAG: _____ Ft. _____ Freeboard: _____ Ft.
Zoning Comments: _____ _____			
Legal Access: _____		Reviewed By: _____	Date: _____

SUBMITTAL CHECK LIST

Application Complete	Provided Notice of Commencement form to applicant
Owner / Builder Affidavit	Plans/Construction Documents - 2 sets
Duly Licensed Contractor	Roof/Floor Truss Drawings - 2 sets
Sub-Contractor(s) Listed	Energy Forms (including EPL Display Card) - 3 sets
Contractor for Agency or Power of Attorney	Product Approval Form
Approved Site Plan	DBPR Letter of Manufacture
Zoning Letter	MH Installation & Set-up Form
Septic Pre-Approval or Health Dept. receipt	Site Work Permit Issued
Ownership verification or Copy of Warranty Deed	External Agency Approval

PLAN REVIEW INFORMATION

Use Group: _____ Construction Type: _____ Wind Zone: _____ mph 1 2 3 4 5
 Sprinkled NFPA _____ Occupant Load: _____ Inspection Agency: _____
 SQ. FT. = Main: _____ Attached Accessory: _____ Detached Accessory: _____

	X	X	=	
Sq. Ft.	(ICC) SF Cost	%		Calculated Fee
	X	X	=	
Sq. Ft.	(ICC) SF Cost	%		Calculated Fee

Item:	Fee:
Fire Inspection Fee	
Hab-Inspection	
Solid Waste	
Driveway / Site Work	
Admin Fee / Copies	
Zoning	
DBPR/BCAT	
Building	
Gas	
Electrical	
Mechanical	
Plumbing	
Roofing	
Plans Review	

PERMIT FEE: \$ _____ Fee Waived
 ATF 2X FEE: \$ _____
 FEE OWED: \$ _____ (Collect State Surcharge)
 ADJUSTED FEE: \$ _____

Supervisor / Date: _____

COMMENTS: _____

TOTAL COLLECTED:

Issued By: _____ Date: _____

TOTAL PERMIT FEE: \$ _____

Application Deposit \$ _____

Permit Holder Notified: In Person By Phone Left Message Other _____
 Staff Initials: _____ Date: _____ Time: _____ am pm

1 st Attempt:	2 nd Attempt:	3 rd Attempt:
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I&R PLUMBING LLC

2251 NW 48TH TER SUITE 104 LAUDERHILL, FL 33313

IVAN – 954-696-9784 / CC#21-CMP-22158-X

WARRANTY: Covers Installation – but does not cover equipment purchased by Owner

WARRANTY: Voids if Client makes any alteration to work performed.

I&R PLUMBING LLC are not responsible for any unforeseen damages behind walls, under concrete slab, underground, or in ceiling spaces.

PROPOSAL: Cypress Chase Condo

Address: 2650 NW 49th Ave Lauderdale Lakes, FL 33313

(Building 7 first floor laundry room, front north side)

Scope of Work:

- Checked all water heaters to see which ones were not installed with a permit
- Filled out permit forms and produced all necessary paperwork for city permits
- Make necessary adjustments to water heater / pressure relief valve to conform to code

Note: Two separate permits will be submitted since there are two different addresses.

The cost below is for one unit only

Not Included: Permit Fees

Warranty: 3 Months

Total Labor & Material: \$450.00

Client Signature: _____

Martha Williams

Date: _____

July 1, 2024

Water Heater Details:

Address: 2650 NW 49 AVE Lauderdale Lakes
North Side 1st Floor

Serial NO. ~~A12923~~ Q262338343

Model NO. XE308068T45U1

Manufacture Date: 29 June 2023

