



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

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: _____

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Job Address: _____ Unit: _____ City: _____

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.

Notary section with two columns for signatures and notary information. Includes fields for Signature of Property Owner or Agent, Signature of Qualifier, State of Florida, County of, Sworn to (or affirmed) and subscribed before me by means of, physical presence or online notarization, this day of, 20 by, (Type/Print Property Owner or Agent Name), (Type/Print Qualifier or Agent Name), NOTARY'S SIGNATURE as to Owner or Agent's Signature, NOTARY'S SIGNATURE as to Qualifier or Agent's Signature, Notary Name, (Print, Type or Stamp Notary's Name), Personally Known, Produced Identification, Type of Identification Produced.

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE USE ONLY

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: _____



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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)

BE ADVISED THIS DOES NOT PRECLUDE YOU FROM OTHER MANDATORY INSPECTIONS IN THE CODE

This uniform document is being provided by Broward County Board of Rules and Appeals for use by Broward County Municipalities



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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



Pompano Beach Fire Rescue

Fire Plan Review Application



This application must be completed for all construction plan submittals, excluding one/two family dwellings.

Date: _____ P.R.A. Number: _____

Property Owner's Name: _____

Job Address: _____

Business Occupant Name: _____

Project Contact Phone Number: _____

COMPLETE ALL SECTIONS OF FORM TO AVOID DELAYS OF FIRE PLAN REVIEW

- Facilities using high pile storage/rack storage - submit completed storage application. (On Back)

Describe type of Business Operation:

Building Systems

Protection Systems Within Building:	Yes	No	Building Information:
Fire Sprinkler System:	_____	_____	Total Building Area (Sq. Ft.): _____
Fire Pump:	_____	_____	Building Construction Type: _____
Fire Alarm System:	_____	_____	Number of Units (Residential): _____
Kitchen Hood System:	_____	_____	Number of Stories: _____
Paint Booth:	_____	_____	Building Height (Feet): _____
Smoke Evacuation Sys:	_____	_____	Travel Distance of Elevator: _____
Stand By Generator:	_____	_____	
First Responder Radio BDA Sys:	_____	_____	

Fire Plan Review

Type of Work for Plan Submittal:
 New Construction: _____ Alteration: _____ Addition: _____ Demolition: _____ Special Event: _____

Area of Construction (Sq. Ft.): _____ **Dollar Value of Project:** _____

Detailed Description of New Work: _____

- New or alterations/additions to fire sprinkler, alarm or hood systems, must submit detailed plans, cutsheets for all devices and hydraulic or battery calculations.
- Fire sprinkler calculations must be based on data from flow test completed within last 12 months.

- Application Completed & Signed
- Construction Inspections in Field:
 - Contractor on site
 - Plans must be drawn to scale
 - All drawing files must be drawn and formatted for a minimum horizontal 24" x 36" sheet file or:
 - Horizontal 11" x 17" sheet file for smaller scale jobs (pool enclosures, pools, termite repairs, etc.)
 - All pages PBFR approved stamped

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 Contractor's Name)

 NOTARY'S SIGNATURE as to Contractor's Signature
 Name & Title (printed) _____
 (Type / Print Notary's Name)
 Personally Known _____ or Produced Identification _____
 Type of Identification Produced _____

**SWORN AFFIDAVIT REGARDING THE PASSIVE OR ACTIVE RECREATIONAL USE OF THE
ROOFTOP OR ROOF OF A STRUCTURE
TOWN OF LAUDERDALE-BY-THE-SEA, FLORIDA**

State of Florida
County of Broward

Before me, the undersigned authority, personally appeared _____ [Property Owner's Name], who, after being duly sworn, deposes and says:

1. Affiant. My name is _____ [Property Owner's Name], and I am over the age of 18 years, competent to make this affidavit, and have personal knowledge of the facts stated herein.

2. Property. I am the owner of the property located at: _____ [Property Address], which is situated in the RS-__ (**Exhibit 1- RS-__ Zoning District Regulations**) zoning district of the Town of Lauderdale- By-The-Sea, Florida.

3. Zoning District. The property is zoned as RS-__ (Residential Single-Family), which has specific regulations and restrictions on property use.

4. Rooftop Use. According to the zoning regulations applicable to the RS-__ zoning district (**Exhibit 2- Supplemental Regulations**), the use of rooftops for passive or active recreation is not allowed on single-family homes.

5. Acknowledgment. I acknowledge that I am aware of and will comply with the zoning regulations that prohibit the use of rooftops for passive or active recreation on single-family homes in the RS-__ zoning district. I acknowledge that failure to adhere to the zoning regulations that prohibit the use of rooftops for passive or active recreations on single-family homes may result in code enforcement action by the Town of Lauderdale By-The Sea.

FURTHER AFFIANT SAYETH NAUGHT.

[Property Owner's Name]

Sworn to and subscribed before me this ____ day of _____, 20__ by [Property Owner's Name], who is personally known to me or has produced _____ as identification.

Notary Public, State of Florida

Print Name: _____
My Commission Expires: _____
Commission Number: _____

Signature

Printed Name