

**25 Year Building Safety Inspection Incidental Repair Agreement**  
(BCBRA Policy 05-05, with amendments through 4/2/2009)

Property Address: \_\_\_\_\_

Folio: \_\_\_\_\_

Process/Permit number: \_\_\_\_\_

In order to be consistent with the Broward County Board of Rules and Appeals Policy # 05-05, we request that you complete this form for incidental repairs that are non-life threatening.

I hereby state that there are no structural or electrical deficiencies that pose an immediate threat to life safety or where failure of a critical component is imminent. All repairs or modifications of deficient conditions are incidental and non-life threatening in nature.

Repairs or modifications of deficient conditions that are incidental and non-life threatening are not required to be completed within 180 days and may instead be completed within the time frame shown below.

All repairs or modifications shall be completed in conformance with all applicable sections of the Florida Existing Building Code and the National Electrical Code.

Description of Repairs \_\_\_\_\_  
\_\_\_\_\_

(Attach additional Sheets if necessary)

Repairs must be completed by: \_\_\_\_\_

Architect / Engineer: \_\_\_\_\_

License #: \_\_\_\_\_

Signature and seal: \_\_\_\_\_

Owner's name \_\_\_\_\_ Date \_\_\_\_\_

Approval of the Building Official as to acceptance of the time frame for repairs or modifications of deficient conditions that are incidental and non-life threatening

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The Florida Building Code will specify whether the repairs or modifications be made under the code in effect when the building was originally permitted or the code currently in effect.

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me **by means of** ☐ **physical presence** or ☐ **online notarization**, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ (year), by \_\_\_\_\_ (name of person acknowledging), and is personally known to me or has produced identification.

\_\_\_\_\_  
NOTARY PUBLIC,  
STATE OF FLORIDA

My Commission Expires:

*Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*