



SMOKE DETECTOR PERMIT APPLICATION CHECKLIST

Minimum Permit Application Requirements:

Broward County Uniform Building Permit Application (*filled out and notarized*)

Documented proof of cost, including all labor and materials (*signed contract*)

Notice of Commencement (*if job value is over \$5,000*)

Electrical plans shall be signed and sealed by a Florida licensed architect/engineer or an electrical contractor; plan shall be signed by electrical contractor/qualifier with state license number and notarized (*plans must show the full scope of work*).

Floor plans to show location of smoke alarms on plans. Smoke alarms must comply with Florida Statutes 553.883 – all smoke alarms shall be powered by a non-removable, non-replaceable battery that powers the alarm for at least 10 years.

THE PERMIT APPLICATION WILL NOT BE ACCEPTED WITHOUT THE ABOVE MINIMUM DOCUMENTATION
OTHER DOCUMENTS MAY BE REQUIRED DEPENDING UPON THE JOB CONDITIONS

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Revised 11-14-2025

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Private Provider? YES NO If yes, attach [Form # 61G20-2.005-2002-01](#)

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: _____			
<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: _____			
	Contracting Co.: _____ Phone: _____ Email: _____			
3	Company Address: _____ City: _____ State: _____ Zip: _____			
	Qualifier's Name: _____		Owner-Builder License Number: _____	
	<input type="checkbox"/> License Exempted per F.S. 489.117(4)(a)1		Business Tax Receipt 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.

<p><input checked="" type="checkbox"/> _____ Signature of Property Owner or Agent (Including Contractor)</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____</p> <p style="text-align: center;">(Type/Print Property Owner or Agent Name)</p> <p>NOTARY'S SIGNATURE as to Owner or Agent's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____</p> <p>Type of Identification Produced _____</p>	<p><input checked="" type="checkbox"/> _____ Signature of Qualifier</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or _____ online notarization, this _____ day of _____, 20____ by _____</p> <p style="text-align: center;">(Type/Print Qualifier or Agent Name)</p> <p>NOTARY'S SIGNATURE as to Qualifier or Agent's Signature</p> <p>Notary Name _____ (Print, Type or Stamp Notary's Name)</p> <p>Personally Known _____ Produced Identification _____</p> <p>Type of Identification Produced _____</p>
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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 to request additional information and cite 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.

*****Issuance of a building permit by the City of Margate does not guarantee that the work permitted is allowed by your homeowner's association. The homeowner and/or contractor is responsible for obtaining their approval separately.*****

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 _____



SECURE THIS JOB

**DURING A HURRICANE WATCH
& BEFORE THE ONSET OF HURRICANE VELOCITY WINDS
YOU ARE REQUIRED TO SECURE THIS JOB**

**IN ACCORDANCE WITH THE BOARD COUNTY ADMINISTRATIVE PROVISIONS
OF THE FLORIDA BUILDING CODE SECTION 110.13**

**All loose objects
in exposed outdoor locations
shall be lashed to rigid construction
or shall be stored in buildings.**

**Florida Building Code Broward County Administrative Provisions
Section 110.13.2**

**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 Construction Waste and Trash Contained	110.13.2.3 Construction Materials; Loose Construction Debris; Roofing Tile & Materials; Temporary Electric Service Poles; Temporary Toilets and Temporary Construction Trailer
AND PROTECT ALL GLASS AREAS	