City of Coconut Creek

BUILDING

Permit Application

4800 West Copans Road
Coconut Creek, FL 33063
954-973-6750
Fax 954-956-1519
www.coconutcreek.net

PERMIT NUMBER
DATE ISSUED

CONTACT PERSON: _____ PHONE #: _____

FOLIO #: _____ DPEP #: _____

PROPERTY OWNER'S NAME			
OWNER'S STREET ADDRESS			
CITY	STATE	ZIP	PHONE
CONTRACTOR			
CONTRACTOR'S STREET ADDRESS			
CITY	STATE	ZIP	PHONE
JOB / TENANT NAME			
SITE ADDRESS			
LOT	BLOCK	TRACT	APT. #	BLDG. #
SUBDIVISION			SUITE / BAY #
PERMIT TYPE (CHECK ONE)	☐ RESIDENTIAL	☐ COMMERCIAL	
ESTIMATED JOB COST			
WORK DESCRIPTION			

BONDING CO. NAME		
STREET ADDRESS		
CITY	STATE	ZIP
ENGINEER'S / ARCHITECT'S NAME		
PHONE	REG. #	
STREET ADDRESS		
CITY	STATE	ZIP
MORT. LENDER'S NAME		
PHONE		
STREET ADDRESS		
CITY	STATE	ZIP
OCCUPANCY	**TYPE OF CONST.**	
ZONING	BDRMS.	
TOTAL SQ. FT.	BATHS	
A/C SQ. FT.	NO. OF STORIES	
NO. OF UNITS	MIN. FLR. ELEV.	

PRINT NAME OF PROPERTY OWNER _____

SIGNATURE OF PROPERTY OWNER _____

I have read and understand *BOTH* pages of this document.

_____ Witness my Hand and Official Seal

NOTARY AS TO PROPERTY OWNER, STATE OF FLORIDA

_____ NOTARY PUBLIC SEAL OF OFFICE

DATE

☐ PERSONALLY KNOWN TO ME ☐ PRODUCED IDENTIFICATION

PRINT NAME OF QUALIFIER _____

SIGNATURE OF QUALIFIER _____

I have read and understand *BOTH* pages of this document.

FLA. STATE CERT. / REG. # _____ **BROW. CNTY. CERT. OF COMP. #** _____

_____ Witness my Hand and Official Seal

NOTARY AS TO QUALIFIER, STATE OF FLORIDA

_____ NOTARY PUBLIC SEAL OF OFFICE

DATE

☐ PERSONALLY KNOWN TO ME ☐ PRODUCED IDENTIFICATION

DEPARTMENTAL USE ONLY

APPROVED FOR PERMIT

DEPARTMENT	INITIALS	DATE
ZONING		
STRUCTURAL		
ELECTRICAL		
PLUMBING		
AC / MECHANICAL		
FIRE		
ENGINEERING		
LANDSCAPING		

IF COST EXCEEDS $2,500, OWNER'S SIGNATURE IS REQUIRED.