

PERMIT Number APPROVED DATE

## **Engineering Permit Application**

5295 Johnson Road - Coconut Creek, FL 33073 | 954-973-6786 | CoconutCreek.net

| Applicant Information   | Contractor Information  LEAVE BLANK IF COMPLETING AS OWNER-BUILDER |  |  |  |  |  |
|---|--|--|--|--|--|--|
| OWNER / DEVELOPER   |  |  |  |  |  |  |
| SWIER BEVELOI ER  | QUALIFIER NAME   |  |  |  |  |  |
| APPLICATION DATE  |  |  |  |  |  |  |
| CHECK THIS BOX IF SUBMITTING AS OWNER-BUILDER (OWNER-BUILDER AFFIDAVIT IS REQUIRED) | COMPANY NAME   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ADDRESS   | ADDRESS  |  |  |  |  |  |
|   | CITY STATE ZIP CODE  |  |  |  |  |  |
| CITY STATE ZIP CODE   | GITTE EIT GODE   |  |  |  |  |  |
| PHONE NUMBER EMAIL ADDRESS  | CONTRACTOR LICENSE NO.   |  |  |  |  |  |
| Application Types   | Contact  |  |  |  |  |  |
|   | CONTACT NAME   |  |  |  |  |  |
| COMMERCIAL RESIDENTIAL  |  |  |  |  |  |  |
| New Construction Repair / Maintenance   | CONTACT NAME   |  |  |  |  |  |
| Demolition After-the-Fact   |  |  |  |  |  |  |
| O CIP   | CONTACT PHONE NUMBER CONTACT EMAIL ADDRESS                         |  |  |  |  |  |
|   |  |  |  |  |  |  |
| O Utility   | FIELD SUPERVISOR NAME PHONE NUMBER                                 |  |  |  |  |  |
| Project Information   | Type of Work   |  |  |  |  |  |
|   | CHECK ALL THAT APPLY   |  |  |  |  |  |
| PROJECT NAME  | City Project Earthwork / Clear and Grub Only                       |  |  |  |  |  |
|   | Paving Only Paving-Residential                                     |  |  |  |  |  |
| SUBDIVISION   | Gas  |  |  |  |  |  |
|   | Sidewalk Water / Wastewater  |  |  |  |  |  |
| ADDRESS   | Drainage Reclaimed Water   |  |  |  |  |  |
|   | Earthwork, Clearing, Water, Wastewater, Paving, and Drainage       |  |  |  |  |  |
| CITY STATE ZIP CODE   |  |  |  |  |  |  |
|   | Other (PLEASE SPECIFY BELOW)                                       |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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| •       |         | -             |       |
|---------|---------|---------------|-------|
| Owner's | : Auth/ | <b>\ri7</b> : | atı∧n |
|         | AULIN   | J   Z         |       |

| Owner's Aut  | horization               |                       |          |               |              |             |              |             |           |
|--|--------------------------|-----------------------|----------|---------------|--------------|-------------|--------------|-------------|-----------|
| I, as owner or owner'<br>the construction per      |                          |                       |          |               |              | actor/cont  | ractor's rep | resentative | to obtaiı |
|  |                          |                       |          |               |              |             |              |             |           |
| FULL NAME (PRINT)                                  |                          |                       |          | SIGNATURE     |              |             |              | DATE        |           |
| State of Flor                                      | ida County o             | f Broward             |          |               |              |             |              |             |           |
|  | ida, County C            | Diowaid               |          |               |              |             |              |             |           |
| Sworn to (or affirmed                              | d) and subscribed be     | fore me on this       |          | day of        |              |             | 20           |             |           |
| NOTARY (PRINT NAME                                 |                          | NOTARY SEAL:          |          | ady or        |              |             |              | ,           |           |
| MOTARY (FRINT NAME                                 | -/                       | ]                     |          |               |              | Person      | ally Known   |             |           |
|  |                          |                       |          |               |              |             | ed Identific |             |           |
|  |                          |                       |          |               |              |             |              |             |           |
|  |                          |                       |          |               |              |             |              |             |           |
|  |                          |                       |          |               |              | Type of I.D | . Produced   |             |           |
| Contractor's                                       | Certification            |                       |          |               |              |             |              |             |           |
| I certify that no work                             | or installation has h    | seen started prior to | o the    | issuance of   | a permit a   | nd all work | will be ne   | orformed to | moot the  |
|  | regulating construction  |                       |          |               |              |             |              |             |           |
|  |                          |                       |          |               |              |             |              |             |           |
| LEGAL CONTRACTOR/QU                                | ALIFIED NAME (PDINT)     |                       |          | SIGNATURE     |              |             |              | DATE        |           |
| State of Flor                                      | ` ` '                    | f Broward             |          | OIGIVITORE    |              |             |              | DATE        |           |
| State of 1 lor                                     | ida, County C            | n biowaid             |          |               |              |             |              |             |           |
| Sworn to (or affirmed                              | d) and aubaaribad ba     | foro mo on this       |          | day of        |              |             | 20           |             |           |
|  |                          |                       |          | day of        |              |             | 2(           | ,           |           |
| NOTARY (PRINT NAME                                 | =)                       | NOTARY SEAL:          |          |               |              | Derson      | ally Known   |             |           |
|  |                          |                       |          |               |              |             | ed Identific |             |           |
|  |                          |                       |          |               |              |             |              |             |           |
|  |                          |                       |          |               |              |             |              |             |           |
|  |                          |                       |          |               |              |             | . Produced   |             |           |
| <b>NOTICE:</b> Issuance of from responsibility for | of this permit and the   |                       |          |               |              |             |              |             |           |
| City Engineer reserve                              | es the right to order th | ne permittee to stop  | o wor    |               |              |             |              |             |           |
| of prior approval of p                             | lans and specificatio    | ns. City Code 31-2    | 236      |               | -            |             |              |             |           |
| OFFICE USE C                                       | ONLY                     |                       |          |               |              |             |              |             |           |
| DEPARTMENT   | APPROVED BY / DATE       |                       | $\neg$   |               |              |             |              |             |           |
| ZONING   |                          |                       | $\neg$   | APPLICATION / | DEDMIT ISSU  | IED BY      |              |             |           |
| LANDSCAPE  |                          |                       | $\dashv$ | AFFLICATION / | I FUMIL 1990 | וט ט        |              |             |           |
| ENGINEERING  |                          |                       | $\neg$   | TITL F        |              |             |              |             |           |
| FIRE   |                          |                       | $\dashv$ | TITLE         |              |             |              |             |           |
| BUILDING   |                          |                       | $\dashv$ | \$            |              |             |              |             |           |
|  | 1                        |                       |          |               |              |             |              |             |           |

PERMIT FEE

DATE