40 Year Building Safety Inspection Program Submittal Form

BUILDING DEPARTMENT

Revision Date: 8/17/2022 Form I.D. Number: 040.0

(ALL 40 YEAR FORMS MUST BE COMPLETED IN BLACK/BLUE INK)

Date: _____ **Job Address:** _____

Project Number: _____

Owner's Name: _____ Phone No: _____

Owner's Address: _____ City: _____ State: ____ Zip: _____

Owner's E-mail Address: _____

Submittal Type: ◯ **INITIAL REQ INSPECTION** ◯ **POST REPAIRS INSPECTION RECHECK**

(For ***RECHECK ONLY***, please list the permit numbers for repairs)

_____ _____ _____

Job Address: _____ Present Use: _____

Subdivision _____ Lot _____ Block _____ Zoning _____

☐ Square Feet _____

Engineer: _____ **License No:** _____

Engineer's Address: _____ City: _____ State: ____ Zip: _____

Phone (Required) _____ Email Address (Required) _____

Architect: _____ **License No:** _____

Architect's Address: _____ City: _____ State: ____ Zip: _____

Phone (Required) _____ Email Address (Required) _____

Please make sure your package includes the following with this cover sheet:

- ☐ Broward County Building Safety Inspection Report Forms – Structural
- ☐ Broward County Building Safety Inspection Report Forms – Electrical
- ☐ Payment of applicable fees **per building** payable by cash, check, Visa or MasterCard
  (Refer to your **NOTICE OF REQUIRED BUILDING SAFETY INSPECTION** letter for applicable fees)

NAME OF CONTACT PERSON **PHONE NUMBER** **DATE OF SUBMITTAL**

For details on the 40 Year Safety Inspection Program, visit: www.coralsprings.gov/building

Building Department • 9500 West Sample Road • Coral Springs, FL 33065 | **coralsprings.gov/building**
Mon-Thurs: 7:30a - 5p, Fri: 7:30a - 2:30p | **Phone:** 954-344-1025 | **Fax:** 954-344-5948