



City of Pompano Beach
Department of Development Services
Building Inspections Division

100 W. Atlantic Blvd Pompano Beach, FL 33060

Phone: 954.786.4669 Fax: 954.786.4677

Permit Maintenance

Permit No(s): _____ Date: _____

Job Address: _____ Pompano Beach, FL _____ (Zip Code)

Owner's | Agent's Name: _____ Phone No: _____

Owner's Address: _____ City: _____, State: _____ (Zip Code) _____

Owner's Email: _____

Contractor's Name: _____ Phone No: _____

Contractor's Address: _____ City: _____, State: _____ (Zip Code) _____

Contractor's Email: _____

☐ **Request to Hold (HD):** Work covered under the approved permit has commenced but the property owner or permit holder are unable or unwilling to complete the work. Upon investigation by the Building Official, a Change of Contractor may be issued without the initial permit being revoked or suspended although it may require change of Prime/Sub Contractor per Ch. 1 of Broward County Administrative Provisions for the 2017 Florida Building Code ("Code"), Section 105.6.4.

☐ **Request to Supersede (SS):** Work covered under the approved permit and/or permit application has been performed under permit number: _____. (City staff to verify scope of work parallels previous approved permit or permit application)

☐ **Request to Withdraw (WD):** Work covered under the approved permit has not commenced. (City staff will determine if a Work Verification Inspection, (WVI), is required).

☐ **Request to Void (VD):** Work covered under the permit application has not commenced and the application has not been approved. (City staff will determine if a Work Verification Inspection, (WVI), is required).

I/We certify the above information provided is a true and accurate representation of the facts and agree to hold the City of Pompano Beach, its commissioners, officers, employees and other agents harmless and to relieve them of all responsibility or liability for any legal action, damage or expense, including, but not limited to, attorney's fees resulting from the processing of any of the foregoing requests.

I/We further acknowledge that compliance with the Code is the responsibility of the property owner and the permit holder per Code Section 105.4.1.2 which also provides that safety to persons and materials during construction operations is the responsibility of the permit holder as set forth in Chapter 33 of The Florida Building Code, Buildings.

Office Use Only

Work Verification Inspection Results
(if applicable):

☐

Approved

☐

Rejected

Signature of Building Official or Authorized Representative: _____

Date: _____

X

Signature of Property Owner or Agent

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me by means of ☐ physical presence or
☐ online notarization this ____ day of _____, 20____ by:

NOTARY SEAL

(Type/Print Name as property Owner or Agent)

who is Personally Known ☐ or Produced Identification ☐

Type of Identification Produced _____

(NOTARY'S SIGNATURE as to Owner or Agent Name)

Notary Name _____

(Print, Type or Stamp Notary's Name)

X

Signature of Qualifier

STATE OF _____
COUNTY OF _____

Sworn to and subscribed before me by means of ☐ physical presence or
☐ online notarization this ____ day of _____, 20____ by:

NOTARY SEAL

(Type/Print Name as Qualifier of Contractor)

who is Personally Known ☐ or Produced Identification ☐

Type of Identification Produced _____

(NOTARY'S SIGNATURE as to Qualifier)

Notary Name _____

(Print, Type or Stamp Notary's Name)