



Application #: _____
(Official Use Only)

Building Safety Inspection Program
40 Year Inspection & 10 Year Intervals Re-Inspection
2020 Submittal Form

Date: _____ Site Address: _____

Owner's Name _____ Phone # _____

Owner's Mailing Address _____

City _____ State _____ Zip _____

Owner's E-mail Address _____

Description of Work: **40-Year Building Safety Inspection** **10-Year Intervals Building Safety Re-Inspection**

(RECHECK ONLY: Permit numbers for repairs _____)

Site Address _____ Present Use _____

Subdivision _____ Lot _____ Block _____

Zoning _____ Square Feet _____ Actual Year Built _____

Engineer _____ Reg. # _____ Phone _____

Engineer's Address _____ City _____ State _____ Zip _____

Architect _____ Reg. # _____ Phone _____

Architect's Address _____ City _____ State _____ Zip _____

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

- Broward County Building Safety Inspection Report Forms – Structural *(only official BCBRA forms will be accepted)*
- Broward County Building Safety Inspection Report Forms – Electrical *(only official BCBRA forms will be accepted)*
- Payment of \$350.00 per building payable by cash, check, Visa or MasterCard in person at Building & Permitting Division: 5399 N Dixie Highway Ste. #3 Oakland Park, FL 33334

FOR ALL INQUIRIES RELATED TO 40 YR INSPECTION & 10 YR INTERVALS RE-INSPECTION PLEASE CALL 954-630-4406

Copies of the program forms and guidelines can be obtained at our website at:

www.oaklandparkfl.gov/172/Building-Permit-Applications-Forms

NAME OF CONTACT PERSON	PHONE NUMBER	DATE OF SUBMITTAL