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# CITY OF LAUDERHILL



**CITY MANAGER**  
Charles Faranda, CM  
Desorae Giles-Smith, DCM  
Kennie Hobbs, Jr., ACM

**CITY ATTORNEY**  
Earl Hall, Esq.

**CITY CLERK**  
Andrea M. Anderson

**FINANCE**  
Building Division

## BACKFLOW RE-CERTIFICATION PERMIT APPLICATION AND INSTRUCTIONS

1. Complete the Broward County Building Permit Application. This Application Must Be Signed By The Contactor. The Signature Must Be Notarized. **Submit Original.**
2. Complete the Backflow Device Test and Maintenance Form. **Submit Original with Building Permit Application.**
3. The Fee for a Backflow Re-Certification Permit is \$52.50. If More Than One Backflow is Re-Certified At A Given Address, The Fee is \$50.00 For Each Additional Re-Certification. (Example: 2 Backflows That Are Re-Certified At The Same Address Would Be \$102.50)
4. **ALL PERMIT FEES ARE TO BE PAID AT THE TIME OF SUBMISSION.**
5. ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LAUDERHILL AND ALL CREDENTIALS (LICENSES, INSURANCE, WORKERS COMP AND CERTIFICATION) MUST BE CURRENT.
6. APPLICATIONS MAY BE SUBMITTED AT THE CITY OF LAUDERHILL BUSINESS CENTER LOCATED AT 5581 WEST OAKLAND PARK BOULEVARD, LAUDERHILL, FL 33313. THE BUSINESS CENTER IS OPEN MONDAY-THURSDAY 7:30 A.M. - 6:00 P.M.

**If you have any questions concerning this application,  
Please contact the  
Customer Service Department  
954-730-3030  
[Customer\\_service@laudershill-fl.gov](mailto:Customer_service@laudershill-fl.gov)  
[www.laudershill-fl.gov](http://www.laudershill-fl.gov)**

**City of Lauderdale**

**BACKFLOW DEVICE TEST & MAINTENANCE REPORT**

Building Permit #: \_\_\_\_\_

Water Meter #: \_\_\_\_\_

Meter Size: \_\_\_\_\_

Service Size: \_\_\_\_\_

Inlet Pressure: \_\_\_\_\_

**PLEASE PRINT**

Name of Premise: \_\_\_\_\_

Street Address: \_\_\_\_\_ Device Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Device: RP  DC  PVB  DDC  Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Installed to Specifications: \_\_\_\_\_ Riser Material: \_\_\_\_\_ Clearance \_\_\_\_\_ inches

Pressure Drop Across First Check Valve: \_\_\_\_\_ PSI:

Time Tested: \_\_\_\_\_ AM \_\_\_\_\_ PM

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
<b>Initials Test</b>	1. Leaked <input type="checkbox"/>	1. Leaked <input type="checkbox"/>	Opened at _____ PSI <input type="checkbox"/>	Air Inlet Opened at _____ PSI <input type="checkbox"/>
	2. Closed Tight <input type="checkbox"/>	2. Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
<b>REPAIRS</b>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Check Valve: <input type="checkbox"/>
	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Rubber Parts Kits <input type="checkbox"/>	Rubber Parts Kits <input type="checkbox"/>	Rubber Parts Kits <input type="checkbox"/>	Closed Tight <input type="checkbox"/>
	C.V. Assem. <input type="checkbox"/>	C.V. Assem. <input type="checkbox"/>	R.V. Assem. <input type="checkbox"/>	<hr/>
	OR <input type="checkbox"/>	OR <input type="checkbox"/>	OR <input type="checkbox"/>	Cleaned <input type="checkbox"/>
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Replaced: <input type="checkbox"/>
	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	O-Rings <input type="checkbox"/>	C.V. Assem. <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Disc Air Inlet <input type="checkbox"/>
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc C.V. <input type="checkbox"/>
	Stem/Guide <input type="checkbox"/>	Stem/Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>
Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Other <input type="checkbox"/>	Guide <input type="checkbox"/>	
Lock Nuts <input type="checkbox"/>	Lock Nuts <input type="checkbox"/>		Retainer <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>		O-Rings <input type="checkbox"/>	
				Other <input type="checkbox"/>
<b>FINAL TEST</b>	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	Opened at _____ PSI <input type="checkbox"/> Reduce Pressure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>

**NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.**

Remarks: \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: \_\_\_\_\_

Initial Test By: \_\_\_\_\_ Test Date: \_\_\_\_\_ Certified No: \_\_\_\_\_ Cert. Exp. Date: \_\_\_\_\_

Repaired By: \_\_\_\_\_ Repair Date: \_\_\_\_\_ Certified No: \_\_\_\_\_ Cert. Exp. Date: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Test Date: \_\_\_\_\_ Certified No: \_\_\_\_\_ Cert. Exp. Date: \_\_\_\_\_

Device Installed By: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Testing Period Required: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

(To be filled out by City)

City Plumbing Official

DATE: \_\_\_\_\_

**FORM MUST BE COMPLETED IN ITS ENTIRETY  
A COPY MUST BE SUBMITTED WITH THE PERMIT**

# BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade:  Building     Electrical     Plumbing     Mechanical     Other \_\_\_\_\_

Application Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

1	Job Address: _____		Unit: _____		City: _____	
	Tax Folio No.: _____		Flood Zn: _____		BFE: _____	
	Building Use: _____		Construction Type: _____		Occupancy Group: _____	
	Present Use: _____		Proposed Used: _____			
	Description of Work:					
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____					
Legal Description: _____ <input type="checkbox"/> Attachment						

2	Property Owner: _____		Phone: _____		Email: _____	
	Owner's Address: _____		City: _____		State: _____ Zip: _____	

3	Contracting Co.: _____		Phone: _____		Email: _____	
	Company Address: _____		City: _____		State: _____ Zip: _____	
	Qualifier's Name: _____		Owner-Builder: <input type="checkbox"/>		License Number: _____	

4	Architect/Engineer's Name: _____		Phone: _____		Email: _____	
	Architect/Engineer's Address: _____		City: _____		State: _____ Zip: _____	
	Bonding Company: _____					
	Bonding Company Address: _____		City: _____		State: _____ Zip: _____	
	Fee Simple Titleholder's name (if other than owner): _____					
	Fee Simple Titleholder's Address (if other than owner): _____		City: _____		State: _____ Zip: _____	
	Mortgage Lender's Name: _____					
	Mortgage Lender's Address: _____		City: _____		State: _____ Zip: _____	

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

X \_\_\_\_\_  
Signature of Property Owner or Agent

X \_\_\_\_\_  
Signature of Qualifier

STATE OF FLORIDA  
COUNTY OF BROWARD

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
(Type / Print Property Owner or Agent Name)

\_\_\_\_\_  
(Type / Print Qualifier's Name)

\_\_\_\_\_  
NOTARY'S SIGNATURE as to Owner or Agent's Signature

\_\_\_\_\_  
NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Notary Name \_\_\_\_\_  
(Print, Type or Stamp Notary's Name)

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ Permit Officer    Issue Date: \_\_\_\_\_ Code in Effect: \_\_\_\_\_

**A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.**  
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.