



Building Division

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399
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Central Vacuum Installation Data

Permit: _____

Contractor: _____ Date: _____

Site address: _____

Lot: _____ Block: _____ Subdivison: _____

Location of central vacuum: _____

Number of outlets: _____

Signature: _____

Fla Certification/Registration: _____

Broward county certificate of competency Number: _____

Approved by: _____ Date: _____

Submit two copies of this document with a mechanical permit application.

Please place your approved copy of this document on job site for inspections.