



DEVELOPMENT SERVICES DEPARTMENT  
BUSINESS TAX RECEIPT

6591 ORANGE DRIVE • DAVIE, FLORIDA 33314-3399  
PHONE: 954.797.1112 • FAX: 954.797.1204 • WWW.DAVIE-FL.GOV

**Safety Inspection**

Permit \_\_\_\_\_

Loc ID \_\_\_\_\_

Building  Plumbing  Mechanical  Electrical  Fire  
 Fire only

**(Plaza/ Building Leasing Information)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Bay/Suite \_\_\_\_\_

Square Footage \_\_\_\_\_

Business Owner \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owners Affidavit: I certify that all the foregoing information is accurate and that any work will be done with proper permitting and in compliance with applicable laws regulating construction and zoning. Failure to obtain occupational license within 30 days of final inspections or before opening the business may result in additional penalties being imposed upon the undersigned. \_\_\_\_\_**

\_\_\_\_\_  
Print Business Owner Name

\_\_\_\_\_  
Business Owner Signature

Sworn to and subscribed before to me by \_\_\_\_\_

Who is personally known to me or produced \_\_\_\_\_

as identification, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary's Signature \_\_\_\_\_

Printed Name of Notary \_\_\_\_\_