



TOWN OF DAVIE
BUILDING DIVISION
6591 ORANGE DRIVE, DAVIE, FLORIDA 33314
PHONE: 954-797-1111

Landscape Renovation Permit Application

Permit No. _____

Date: _____

Owner's Name _____ Phone # _____

Owner's Address _____

City _____ State _____ Zip _____

Tenant/Lessee Name (If applicable) _____

Address (location where work will occur) _____

Contractor's Company (If applicable)

Name _____ Phone # _____

Owner's Address _____

City _____ State _____ Zip _____

Landscape Architect's Name (if applicable)

_____ Phone # _____

Description of Work (please describe scope of work and objectives):

Anticipated Job Start Date: _____ Projected Job Completion Date: _____

Bonding Company's Name (if applicable)

Bonding Company's Address

City _____ State _____ Zip _____

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“NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.”

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 and codes regulating new landscaping installations and renovations. I further agree to post my approved permit card on the job site premises in an area that is readily visible and accessible to the Town of Davie. **Upon completion of said work, I agree to call the Town of Davie Building Department and request a final landscape inspection.**

Signature Owner: _____

Signature Contractor: _____

The foregoing instrument was acknowledged
before me this ____ day of _____ 20____
by _____,
personally known to me or who has produced
_____ as identification.

The foregoing instrument was acknowledged
before me this ____ day of _____ 20____
by _____,
personally known to me or who has produced_
_____ as identification.

NOTARY PUBLIC:

NOTARY PUBLIC:

Sign: _____

Sign: _____

Print: _____

Print: _____

My Commission Expires: _____

My Commission Expires: _____

DETERMINATIONS: Project Area (sq. ft): _____ Landscape Material Cost (\$): _____	
ACTION: _____ DENIED DATE: _____ REVIEWER: _____	
REASON FOR DENIAL: _____	
_____ APPROVED DATE: _____ REVIEWER: _____	
CONDITIONS OF APPROVAL: _____ _____	
PERMIT FEE (\$): _____	
INSPECTION FEE (\$): _____	