



TOWN OF DAVIE  
BUILDING DIVISION  
8800 SW 36<sup>th</sup> STREET, DAVIE, FLORIDA 33328  
PHONE: 954-797-1111

**Landscape Renovation Permit Application**

Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Owners Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

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

Tenant/Lessee Name (if applicable) \_\_\_\_\_

Address (location where work will occur) \_\_\_\_\_

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Contractor's Company (if applicable):

Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor's Address \_\_\_\_\_

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

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Landscape Architect's Name (if applicable):

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

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Description of Work (please describe scope of work and objectives: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated Job Start Date: \_\_\_\_\_ Project Job Completion Date: \_\_\_\_\_

Bonding Company's Name (if applicable) \_\_\_\_\_

Bonding Company's Address \_\_\_\_\_

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

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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.**

**NOTARIZATION**

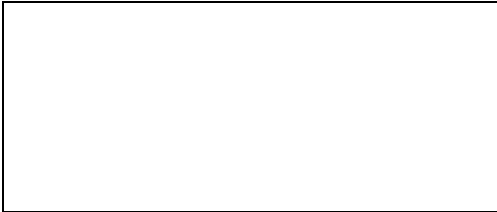
Signature Owner: \_\_\_\_\_  
Printed Owner Name: \_\_\_\_\_  
State of \_\_\_\_\_ County \_\_\_\_\_  
Sworn to (or affirmed and subscribed before me  
by means of \_\_\_\_\_ physical presence OR  
\_\_\_\_\_ online notarization  
Before me this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_\_\_\_  
\_\_\_\_\_ Personally Known: OR Produced Identification,  
Type \_\_\_\_\_

Signature Contractor: \_\_\_\_\_  
Printed Owner Name: \_\_\_\_\_  
State of \_\_\_\_\_ County \_\_\_\_\_  
Sworn to (or affirmed and subscribed before me  
by means of \_\_\_\_\_ physical presence OR  
\_\_\_\_\_ online notarization  
Before me this \_\_\_\_\_ day of \_\_\_\_\_ 202\_\_\_\_\_  
\_\_\_\_\_ Personally Known: OR Produced Identification,  
Type \_\_\_\_\_

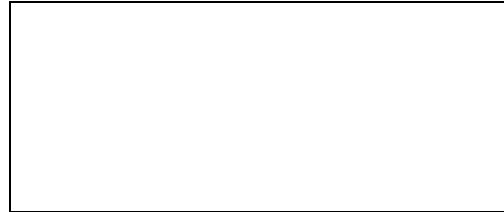
Notary Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Notary Stamp:



Notary Stamp:



**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 (\$):** \_\_\_\_\_