



CITY OF TAMARAC
 6011 Nob Hill Road
 Tamarac, FL 33321-6200
 Phone: (954)597-3435 Fax: (954) 597-3450

Application # _____

COST OF CONSTRUCTION AFFIDAVIT

NAME: _____

TO: _____

In accordance with the requirements of the City of Tamarac, Ordinance Number 75-32, we certify that the construction value of:

is \$ _____

Signature

STATE OF FLORIDA
 COUNTY OF BROWARD

On this the _____ day of _____, 20____, before me the undersigned Notary Public State of Florida, personally appeared

NOTARY PUBLIC
 SEAL OF OFFICE

[Name(s) of individual(s) who appeared before notary]
 and whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand and official seal:

 NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp, or type as Commissioned)

- Personally known to me, or
- Produced identification: _____
Type of Identification
- DID take an oath, or DID NOT take an oath.

TO BE COMPLETED BY THE BUILDING DEPARTMENT

C.O. Fee - Residential:	\$75.00
C.O. Fee - Commercial:	\$75.00 + \$3.00 for each 1,000 S.F.
C.O. Fee - Multi-Family:	\$50.00 + \$3.00 per unit
T.C.O. FEE:	\$250 Per Ninety (90) days.
C.O. Fee:	\$ _____
Fire Fee:	\$ _____
Fire Assessment Fee:	\$ _____
TOTAL:	\$ _____