

TOWN OF PEMBROKE PARK

3150 SW 52 AVENUE • PEMBROKE PARK, FLORIDA 33023 • (954) 966-4600 EXT. 214 • (954) 966-5186 FAX

Informational Guide - Inspection Process

DEPARTMENT OF FIRE RESCUE & EMERGENCY SERVICES FIRE MARSHAL'S BUREAU

Main Office 954-831-8210

Pembroke Park District Office

Phone: 954-966-4606

Fax: 954-985-0537

The Broward Sheriff's Office, Fire Marshal's Bureau is providing this information to the applicant, so you are prepared for the inspection. Our goal is to give you as much information as possible prior to the inspection, in the hopes of the applicant passing the initial fire inspection. Along with the completed application, a floor plan layout is needed to be submitted in advance to evaluate the occupancy process in accordance with the Florida Fire Prevention Code.

The Floor plan needs to contain the following information:

- Business name, address and phone number.
- Type of use of the space. For example: shoe sales
- Square footage of the entire space.
- Identify if space contains a fire sprinkler system.
- Identify if space contains a fire alarm system.
- Detail layout of the space, showing where offices are, stock set up, etc.
- Exit door and overhead doors locations.
- Identify location of Emergency lights, Exit and/or combination sign locations.
- Identify location of Fire Extinguishers.

Visual examples of possible equipment in space:



Exit sign



Emergency Light



Combo light/sign



Fire extinguisher



horn/strobe



manual pull
Fire Alarm System



Fire Sprinkler Head
(located at ceiling)

Our fire inspection is based on the occupancy classification or the use in the space in accordance with the Florida Fire Prevention Code 2007. In order to pass your initial fire inspection, the occupancy must be in compliance with the Florida Fire Prevention Code. Please remember that the more information you can provide regarding your intended use in advance and be ready for the scheduled inspection will be beneficial in the inspection process.

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INSPECTION FORM FOR BUSINESS TAX RECEIPT (Formerly known as Occupational License)

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Submit the completed form with inspection fee of \$250.00 (Inspection fees are non-refundable)
Forms of payment accepted - Check or Money Order, made payable to the "Town of Pembroke Park".

Business Name / DBA / NAME _____ Please check if using your Legal Name

Business Address _____ Bldg _____ Unit/Bay _____ Zip _____

Contact Person _____ Phone # (_____) _____

Contact Person's Email _____

Describe in detail the nature of your business _____

(Attach additional sheet if needed).

Are you the Owner of the above stated property? _____ If yes, complete Section 1.
If no, have the owner/agent complete Section 1 & 2 on pg. 2

Have you ever held/applied for a Business Tax Receipt? _____ (yes or no)

If yes, in what City/County _____ Is the tax receipt _____ (current or expired)?

If expired, please explain _____

Please read and sign ...

Pursuant to Section 15-17, Pembroke Park Code of Ordinances, it is illegal for any person or business entity to engage in, conduct or manage any business, occupation or profession in the Town without first having an business tax receipt from the Town. I hereby certify that all of the above information is true and correct.

➔ SIGNATURE _____ DATE _____
(Owner, Partner, or Corporate Officer)

➔ PRINT _____ TITLE _____
(Owner, Partner, or Corporate Officer)

OFFICE USE ONLY

Building Dept. Fee - \$50.00 Paid on _____ Received by _____ Fire Dept. Fee - \$200.00 Paid on _____ Received by _____

This form was accepted in the Business Tax / Billing Division by (Name) _____ (Date) _____

BUILDING DEPT. INSPECTION _____ APPROVED _____ DENIED (REASON: _____ (Date) _____

BUILDING NOTES: _____

FIRE DEPT. INSPECTION _____ APPROVED _____ DENIED (REASON: _____ (Date) _____

FIRE NOTES: _____

ZONING DEPT. INSPECTION _____ APPROVED _____ DENIED (REASON: _____ (Date) _____

ZONING NOTES: _____

Modified: 06.17.2020

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Business Name / DBA / NAME _____ Please check if using your Legal Name

Business Address _____ Bldg _____ Unit/Bay _____ Zip _____

Describe in detail the nature of your business _____

SECTION 1 – PROPERTY OWNER INFORMATION

(PRINT OR TYPE INFORMATION)

Folio # _____

Owner _____ Phone # (____) _____

Address/City/State/Zip _____

Agent _____ Phone # (____) _____

SECTION 2 – OWNER'S AUTHORIZATION

I, _____, certify that I am the Owner/agent of premises at _____
_____ Pembroke Park, and have leased said premises to _____
_____ for the purpose of _____.

I understand that the Town of Pembroke Park's Inspectors will inspect the building and I agree that any violations:

- () Will be corrected by owner.
() Will be corrected by the above name lessee.

I understand that no alterations or additions will be made within or to the said premises until the proper permits have been obtained. In addition, no signs will be altered or installed upon the premises without the proper permits being applied for and obtained.

Signature: _____ Date _____

Print Signature _____ Title _____

To be completed by a Notary Public:

Sworn and subscribed before me

(Notary Seal)

This day of _____, 20 ____

(Notary Signature)