



SOUTH BROWARD DRAINAGE DISTRICT
REQUEST FOR DEVELOPMENT/REDEVELOPMENT PERMIT TRANSFER

IT IS HEREBY REQUESTED THAT PERMIT NO. _____ DATED _____ , BE
TRANSFERRED AS FOLLOWS:

FROM:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

PROJECT NAME: _____

TO:

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED REPRESENTATIVE: _____

PHONE: _____ ALTERNATE PHONE: _____ E-MAIL: _____

PROJECT NAME: _____

ATTACH A COPY OF THE RECORDED DOCUMENTS EFFECTUATING TRANSFER OF OWNERSHIP.

THE UNDERSIGNED AGREES TO COMPLY WITH ALL TERMS AND CONDITIONS OF PERMITS AND AGREES TO ASSUME THE RIGHTS AND LIABILITIES CONTAINED THEREIN.

AUTHORIZED REPRESENTATIVE/APPLICANT (AUTHORIZATION LETTER REQUIRED) AND/OR PROPERTY OWNER:

SIGNATURE

PRINT NAME TITLE

DATE