



SOUTH BROWARD DRAINAGE DISTRICT

LEVEL OF SERVICE APPLICATION

FOR DISTRICT USE ONLY
APPLICATION #:
REVIEW FEE: \$
PAID BY:
RECORDING FEES: \$
PAID BY:

OWNER OF PROPERTY

NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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

LOCATION OF WORK

ADDRESS: _____ CITY: _____

SUBDIVISION NAME: _____ LOT: _____ BLOCK: _____ PARCEL: _____

PROPERTY ID OR FOLIO #: _____ GATE CODE: _____

CITY PERMIT #: _____

PROPOSED IMPROVEMENT(S) – CHECK ALL THAT APPLY

- ADDITION
 CLEARING & GRUBBING
 DETACHED GARAGE
 DRIVEWAY
 FENCE
 FILL
 NEW HOME
 POND
 POOL
 OTHER: _____

DESCRIPTION OF IMPROVEMENT(S)

CONTRACTOR/AUTHORIZED REPRESENTATIVE/OTHER THAN OWNER (IF APPLICABLE)

NAME: _____

COMPANY NAME: _____ LICENSE #: _____

COMPANY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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



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THIS APPLICATION, INCLUDING SKETCHES, DRAWINGS OR PLANS AND SPECIFICATIONS ATTACHED, CONTAINS A FULL AND COMPLETE DESCRIPTION OF THE WORK PROPOSED. THIS INFORMATION SHALL BE USED TO PERFORM A COMPREHENSIVE SURFACE WATER MANAGEMENT REVIEW IN ACCORDANCE WITH THE LATEST EDITION OF THE DISTRICT'S FACILITIES REPORT AND WATER CONTROL PLAN. THE PROVISIONS OF THE LEVEL OF SERVICE REVIEW REQUIRE THAT ALL PROPERTY OWNERS DESIGNATE NO LESS THAN 20% OF THE PROPERTY, OR EQUIVALENT AREA FOR THE PURPOSES OF STORAGE OF STORMWATER RUNOFF. SBDD MAY REQUIRE A TOPOGRAPHIC SURVEY OF THE PROPERTY.

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

SIGNATURE

PRINT NAME

TITLE

DATE