

**INSTRUCTIONS FOR COMPLETING  
BUILDING CODE ADMINISTRATORS AND INSPECTORS BOARD  
BUILDING PERMIT CERTIFICATION SURCHARGE REPORT  
EFFECTIVE OCTOBER 1, 2010**

**Report begins on page 2**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.*

**Compliance Schedule**

In order to be in compliance with Section 468.631, Florida Statutes, you are required to file a complete Building Permit Certification Surcharge Report with this office at the close of each quarter:

March 31                      June 30                      September 30                      December 31

A completed quarterly report form must be received in this office within 30 days after the close of each quarter.

The surcharge report must be completed and submitted even if no permits were issued for the respective quarter. Additionally, please remember to notify us in writing of any address or contact change.

**Completing the Form**

Please refer to the following steps to ensure that your report is accurate and complete:

- Step One:*        Complete the County Information area in its entirety.
- Step Two:*        Check the box indicating the appropriate quarter for which the report is being filed.
- Step Three:*     Complete Sections 1-8.
- Step Four:*      The individual completing the form must sign, date, and complete the section marked "Certification."

**Additional Instructions**

Building departments are required to collect a 1.5 percent fee on all permits, i.e., building, plumbing, electrical, mechanical, etc. The minimum amount collected on any permit will be \$2.00.

Transaction	Requirements
<b>Surcharge Report Submission</b>	<input type="checkbox"/> Complete DBPR BCAI-4258 – Building Permit Certification Surcharge Report <input type="checkbox"/> Attach appropriate fee as shown in line 8 of the Surcharge Report Form <input type="checkbox"/> Make check payable to DBPR / BCAIB

**Please note: Failure to submit quarterly reports may result in a violation of Section 468.631, Florida Statutes.**

Please send your completed form and fee to:

Department of Business and Professional Regulation  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783  
[www.MyFloridaLicense.com](http://www.MyFloridaLicense.com)

**DBPR BCAI-4258 - Building Permit Certification Surcharge Report – Effective 10/1/10**

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783**

*If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.*

I. COUNTY INFORMATION			
Name of County, City, or Municipal Office Issuing Building Permits			
Street Address / P.O. Box			
City	State	County	Zip
II. SURCHARGE COLLECTIONS FOR			
Calendar Quarters:			
<input type="checkbox"/> 1 <sup>st</sup> Quarter: July 1 - September 30, _____		<input type="checkbox"/> 3 <sup>rd</sup> Quarter: January 1 - March 31, _____	
<input type="checkbox"/> 2 <sup>nd</sup> Quarter: October 1 - December 31, _____		<input type="checkbox"/> 4 <sup>th</sup> Quarter: April 1 - June 30, _____	
III. BUILDING PERMITS SUBJECT TO CERTIFICATION SURCHARGE			
1. Number of permits issued at the minimum surcharge rate _____ X \$2			\$
2. Permit fees collected at other than minimum surcharge			\$
IV. CALCULATION OF THE CERTIFICATION SURCHARGE DUE			
3. Surcharge amount due (1.5% of line 2 or line 2 x 0.015)			\$
4. Total of Lines 1 & 3			\$
5. Less surcharge amount retained (10% of line 4 or line 4 x 0.10)			\$
6. Surcharge amount due (line 4 less line 5)			\$
7. Adjustments for over or under payments (Attach correspondence or explanation)			\$
8. Surcharge amount remitted			\$

CERTIFICATION		
I certify that I have provided the above information completely and truthfully to the best of my knowledge.		
Signature _____	Title _____	Phone Number _____
Name (printed/typed) _____	Date _____	