

Palm Beach County Zoning Division

2300 N. Jog Road West Palm Beach, Florida 33411 Phone: (561) 233-5200 FAX: (561) 233-5165

AFFIDAVIT OF COMPLIANCE REQUIRED SCREENING FOR ACCESSORY EQUIPMENT & STRUCTURES (ULDC Articles 5.B, 7.C, and 8.E.)

The following certification statement must be presented at time of Building Division permit intake for the permit types listed below **for Unified Land Development Code (ULDC)** compliance. Single-family properties are exempt from this form.

Bu	uilding Permit Number: Parcel Control No.:		
Pr	roject Name: Property Address:		
1)	PERMIT TYPE - Please check one:		
	Roof Screening of Mechanical Equipment		
	☐ Hood - Commercial Kitchen - roof mounted ducts/equipment screening per Art. 5.B.1.A.20		
	\square HVAC - roof mounted - screening of roof top equipment from viewed per Art. 5.B.1.A.20		
	Landscape Screening of Equipment		
	□ HVAC - ground mounted - screening of opaque barrier to highest point of equipment per Art. 5.B.1.A	1.20	
	☐ Fuel Tank – new and replacements – screening per Art. 5.B.1.A.20		
	☐ Gas Tank – new and replacements - screening per Art. 5.B.1.A.20		
	☐ Generators (other than 1 & 2 family) - landscape screening from view per Art. 5.B.1.A.19		
	☐ Mechanical Equipment - screening of opaque barrier to highest point of equipment per Art. 5.B.1.A	۱.20	
	☐ Signs – landscape at the base of ground mounted signs per Art.7.C.3.C; and permit tags per Art. 8	.E.2	
	□ Dumpster - landscape requirements, opaque enclosure and opaque gates per Art. 5.B.1.A.8		
	* For reference: Unified Land Development Code (ULDC): http://www.pbcgov.com/uldc		
2)	WRITTEN STATEMENT OF COMPLIANCE: Provide a written statement below describing how the ULI requirements have been met, including an explanation of the types of roof or landscape materials instal to meet the specific requirements. Additional attachments to this form must be submitted on letterhea	led	

STATEMENT OF COMPLETENESS AND ACCURACY

I HEREBY NOTIFY THE PALM BEACH COUNTY DEPARTMENT OF PLANNING, ZONING, AND BUILDING OF THE COMPLETION OF SCREENING REQUIREMENTS FOR THE REFERENCED PROJECT AND CERTIFY THAT THE INSTALLATION OF ROOF SCREENING MATERIALS OR PLANT SCREENING MATERIALS WITH IRRIGATION COVERAGE ARE IN SUBSTANTIAL CONFORMANCE WITH THE UNIFIED LAND DEVELOPMENTLDC, AS PERMITTED BY THE COUNTY. I UNDERSTAND THAT ANY KNOWINGLY FALSE, INACCURATE OR INCOMPLETE INFORMATION PROVIDED BY ME WILL RESULT IN A CODE ENFORCEMENT VIOLATION AND ACTION TAKEN UPON THE PROPERTY OWNER(S). (A COPY OF THE PROJECT DRAWINGS IS ATTACHED).

INSTRUCTIONS: This form must be signed and notarized below by the Owner and Contractor for acceptance.

PROPERTY OWNER:		
(Name - type, stamp or print clearly)	(Signature)	
NOTARY PUBLIC INFORMATION:	STATE OF FLORIDA COUNTY OF PALM BEACH	
Sworn to and subscribed before me by means of []	physical presence or [] online notarization, this	
day of, 20 by	(name of person making	
statement) who [] is personally known to me or []	oroduced as identification	
(choose one).		
(Name - type, stamp or print clearly)	(Signature)	
My Commission Expires on:	NOTARY'S SEAL OR STAMP	
CONTRACTOR:		
(Name - type, stamp or print clearly)	(Name of Company)	
(Signature)	(Address, City, State, Zip)	
NOTARY PUBLIC INFORMATION:	STATE OF FLORIDA COUNTY OF PALM BEACH	
Sworn to and subscribed before me by means of []	physical presence or [] online notarization, this	
day of, 20 by	(name of person making	
statement) who [] is personally known to me or []	produced as identification	
(choose one).		
(Name - type, stamp or print clearly)	(Signature)	
My Commission Expires on:	NOTARY'S SEAL OR STAMP	