



**CITY OF COOPER CITY
BUILDING DEPARTMENT**

Phone 954 434-4300
Ext. #230, #227, #279
Fax 954 680-1439

**NEW COMMERCIAL PROPERTY
PERMIT SUBMITTAL CHECKLIST**

SITE WORK PERMITS CONTACT COOPER CITY UTILITIES DEPARTMENT

11791 SW 49 Street
Cooper City, FL. 33330
(954) 434-5519

BOARD OF HEALTH APPROVAL (If Applicable)

BROWARD COUNTY IMPACT FEES (Provide a copy of Receipt)

TWO (2) COPIES OF SOIL BORING & BEARING CAPACITY CERTIFICATION.

BCAC - Sec. 107.3.5 (A) 8a.

CONTRIBUTION IN AID OF CONSTRUCTION (CIAC) HAS BEEN PAID. (Verify with Finance Department)

OCCUPATIONAL LICENSE WITH THE CITY OF COOPER CITY

PERMIT APPLICATION FOR:

- **STRUCTURAL (Shell)**
- **ROOF (See Requirements under Roofing)**
- **ELECTRICAL**
- **PLUMBING**
- **MECHANICAL**
- **STORM SHUTTERS (If Applicable) (See requirements under Storm Shutters)**
- **FIRE SPRINKLER / SUPPRESSION PERMIT (If Applicable)**

BCAC - Sec. 107.3.5.1

BCAC - Broward County Administrative Code



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- TWO (2) SETS** of PRODUCT APPROVALS FOR: *(Must be reviewed and approved by DESIGNER OF RECORD)*
- WINDOWS
 - DOORS
 - SHUTTERS
 - SKYLIGHTS
 - MULLIONS
 - ROOFING

BCAC - Sec. 107.3.5.6 .

- TWO (2) SETS** OF SEALED PLANS.
PLANS MUST SHOW STRUCTURAL, ELECTRICAL, PLUMBING AND MECHANICAL, SOIL PROFILE, PRESSURES ON ALL OPENINGS AND ROUGH MASONRY OPENINGS, ROOF PRESSURES, TRUSS LOADS, UPLIFTS, SURVEY, SITE PLAN, TRUSS INSPECTION NOTICE OF INTENT.

BCAC - Sec. 107.1.1

- PLANS MUST HAVE ARCHITECT'S NOTATION OF:
- FINISH FLOOR MUST BE A MINIMUM OF SEVEN FEET ABOVE MSL AND EIGHTEEN INCHES ABOVE THE CROWN OF THE ROAD, WHICH EVER IS **HIGHEST**.
 - THE PROPOSED FIRST FLOOR ELEVATIONS ON PLANS
 - TYPE OF CONSTRUCTION
 - OCCUPANCY TYPE
 - OCCUPANCY LOAD
 - LEGEND OF PROJECT DATA
 - BUILDING HEIGHT AND STORIES
 - CODE EDITION USED

BCAC - Sec. 107.3.4.3.4, 107.2.1.1, 107.3.5.

- TWO (2) SETS** OF ENERGY CODE CALCULATIONS

BCAC - 107.3.5 (D).



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- PLANS MUST HAVE THE APPROVAL STAMP FROM THE DEPARTMENT OF ENVIRONMENTAL PROTECTION AND ENGINEERING (*DPEP*) AND THEIR **TWO (2)** PAGE FORM.

Broward County Requirement.

- TWO (2) SETS** OF SHOP DRAWINGS, TRUSS, JOIST, PRE-CAST ETC. (*Reviewed and Approved by the Designer of Record, both Engineering plans and working drawings*)

BCAC - 107.3.5.6, 107.3.5.7.

- WILD LIFE AFFIDAVIT AND EIR (*Environmental Impact Report*) FOR ENVIRONMENTALLY SENSITIVE LANDS. (*Must be from approved consulting firm*)

- CITY ENGINEER / UTILITIES DEPARTMENT APPROVALS FOR WATER, SEWER, DRAINAGE AND PAVING.

City of Cooper City Engineering Requirement.

- SURVEYS

- **TWO (2)** VACANT LAND
- SKETCH OF SURVEY SHOWING LOCATION OF STRUCTURE ON LAND, SHOWING ALL SETBACKS AND LOWEST FLOOR ELEVATION.

BCAC - 107.3.4.3.4

- NOTICE OF COMMENCEMENT (**CERTIFIED COPY OR ELECTRONIC**) (*State of Florida effective January 1, 1991, requires a notice of commencement when the fair market value is \$2,500.00 or greater*)

Florida Statue 713.



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DUMPSTERS

- REVIEWED BY ZONING (*If Allowable*)
- CONTAINERS TO BE SUPPLIED BY **WASTE MANAGEMENT ONLY**
(*City of Cooper City Article IV Ordinance No. 01-1-2*)

SIGNS / BANNERS (*Contact **Zoning Department** for requirements*)
SECURED UNDER SEPARATE PERMIT.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____	Unit: _____	City: _____
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____
	Building Use: _____	Construction Type: _____	Job Value: _____
	Present Use: _____	Proposed Used: _____	Occupancy Group: _____
	Description of Work:		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____		
	Legal Description: _____		<input type="checkbox"/> Attachment

2	Property Owner: _____	Phone: _____	Email: _____
	Owner's Address: _____	City: _____	State: _____ Zip: _____

3	Contracting Co.: _____	Phone: _____	Email: _____
	Company Address: _____	City: _____	State: _____ Zip: _____
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____

4	Architect/Engineer's Name: _____	Phone: _____	Email: _____
	Architect/Engineer's Address: _____	City: _____	State: _____ Zip: _____
	Bonding Company: _____		
	Bonding Company Address: _____	City: _____	State: _____ Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____		
	Fee Simple Titleholder's Address (if other than owner): _____	City: _____	State: _____ Zip: _____
	Mortgage Lender's Name: _____		
	Mortgage Lender's Address: _____	City: _____	State: _____ Zip: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

THE CITY OF



BROWARD COUNTY, FLORIDA

P.O. BOX 290910
9090 Southwest 50th Place
Cooper City, Florida 33329-0910
(954) 434-4300 Ext#230 • Fax (954) 680-1439
www.coopercityfl.org

PERMIT NUMBER:

PLAN REVIEW NUMBER:

TYPE	FEE	ADDTL FEES
PERMIT		
EDUCATION		
COUNTY		
BCPSF		
TECH FEE		
BOND		
PARKS		
PUBLIC SAFETY		
PUBLIC BLDGS		
FIRE		
ADDTL PERMIT FEES		
SUB TOTAL		
NOTARY FEE		
TOTAL		
INVOICE #		
RECEIPT #		

OFFICE USE ONLY				
DIVISION	APPROVED	DATE	REJECT	DATE
STRUCTURAL				
ELECTRICAL				
PLUMBING				
MECHANICAL				
UTILITES/ENGIN				
FIRE				
ZONING				

NOTICE: IN ADDITION TO THE REQUIREMENTS OF THIS PERMIT, THERE MAY BE ADDITIONAL RESTRICTIONS APPLICABLE TO THIS PROPERTY THAT MAY BE FOUND IN THE PUBLIC RECORDS OF THIS COUNTY AND THERE MAY BE ADDITIONAL PERMITS REQUIRED FROM OTHER GOVERNMENT ENTITIES SUCH AS WATER MANAGEMENT DISTRICTS, STATE AGENCIES OR FEDERAL AGENCIES.

THE ISSUANCE OF A BUILDING PERMIT DOES NOT GIVE YOU PERMISSION TO VIOLATE DEED RESTRICTION AND/OR HOMEOWNER'S REGULATIONS. PLEASE CHECK DEED RESTRICTIONS BEFORE COMMENCING ANY CONSTRUCTION

OWNER'S AFFIDAVIT: I CERTIFY THAT ALL FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH ALL APPLICABLE LAWS REGULATING CONSTRUCTION AND ZONING. FURTHERMORE, I AUTHORIZE THE ABOVE NAMED CONTRACTOR TO DO THE WORK STATED.

**NOTICE OF COMMENCEMENT, CLERK OF COURTS, BROWARD COUNTY GOVERNMENTAL CENTER
RECORDING SECTION. ROOM 114. 115 S. ANDREWS AVENUE. FORT LAUDERDALE. FL 33302 PHONE: 954-357-7283**

URBAN PLANNING AND REDEVELOPMENT DEPARTMENT (D.P.E.P)
WWW.BROWARD.ORG/DEVELOPMENT
STATE OF FLORIDA DIVISION OF HOTELS AND RESTAURANT
PHONE: 954-956-5692

CITY OF COOPER CITY, FLORIDA • DEVELOPMENT SERVICES • BUILDING DIVISION
P.O. BOX 290910
9090 SOUTHWEST 50th PLACE
COOPER CITY, FLORIDA 33329-0910
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SOIL BEARING CAPACITY STATEMENT

JOB ADDRESS: _____

PERMIT NUMBER: _____

THIS IS TO CERTIFY THAT THIS OFFICE HAS DETERMINED BY RATIONAL ANALYSIS AND THE FACT THAT THE SITE IS IN A "DEVELOPED SITE" AREA, THAT THE ALLOWABLE IN-PLACE BEARING CAPACITY FOR THE PROPOSED FOOTINGS ARE _____ psf.

CALCULATIONS HAVE BEEN PERFORMED ANALYZING THE PROPOSED STRUCTURE WHICH WILL BE SUPPORTED ON THE FOOTINGS. SUCH CALCULATIONS HAVE DETERMINED THAT THE DESIGN BEARING CAPACITY UTILIZED IN SIZING THE STRUCTURE FOOTING IS _____ psf.

SINCE THE DESIGN CAPACITY IS LESS THAN THE ALLOWABLE CAPACITY, THE SOILS AT THE SITE WILL SAFELY SUPPORT THE NEW STRUCTURE LOAD AND COMPLY WITH THE FLORIDA BUILDING CODE, 2010 EDITION.

THIS STATEMENT IS BASED UPON SECTION 1818.1 AND 1818.2 OF THE FLORIDA BUILDING CODE.

BY: _____

SEAL:

NAME: _____

DATE: _____

**SECTION 1818
HIGH VELOCITY HURRICANE ZONES BEARING CAPACITY OF SOIL**

§ 1818.1 DESIGN BEARING CAPACITY. PLANS FOR NEW BUILDINGS, STRUCTURES OR ADDITIONS SHALL CLEARLY IDENTIFY THE NATURE OF THE SOIL UNDER THE STRUCTURE AND THE ALLOWABLE BEARING CAPACITY USED IN SIZING THE BUILDING FOUNDATION SUPPORT SYSTEM.

EXCEPTION: SEE § 1822.1 FOR PLANS FOR NEW BUILDINGS, STRUCTURES, OR ADDITIONS, WHICH ARE TO BE SUPPORTED ON A PILING FOUNDATION SYSTEM.

§ 1818.2 ALLOWABLE BEARING CAPACITY. PRIOR TO THE INSTALLATION OF ANY FOOTING FOUNDATION SYSTEM FOR NEW BUILDINGS, STRUCTURES, OR ADDITIONS, THE BUILDING OFFICIAL SHALL BE PROVIDED WITH A STATEMENT OF ALLOWABLE BEARING CAPACITY FROM AN ARCHITECT OR PROFESSIONAL ENGINEER. SAID STATEMENT SHALL CLEARLY IDENTIFY THE ALLOWABLE IN-PLACE BEARING CAPACITY OF THE BUILDING PAD FOR THE NEW BUILDING OR ADDITION AND VERIFY THE EXISTING SOIL CONDITIONS. THE CERTIFIED IN-PLACE BEARING CAPACITY SHALL HAVE BEEN DETERMINED BY WAY OF RECOGNIZED TEST OR RATIONAL ANALYSIS AND SHALL MEET OR EXCEED THE DESIGN BEARING CAPACITY IDENTIFIED UNDER § 1818.1.