CITY OF COOPER CITY
BUILDING DEPARTMENT

PHONE 954 434-4300
EXT. #230, #227,
#279
FAX: 954 680-1439

SWIMMING POOL-SPA-HOT TUB-JACUZZI
PERMIT SUBMITTAL CHECKLIST

□ PERMIT APPLICATION FOR:

- STRUCTURAL *(Fence or Screen Enclosure If applicable, See requirements under applicable type.)*
- ELECTRICAL
- PLUMBING

NOTE: IF THERE IS AN **EXISTING** FIVE/SIX FOOT FENCE, THE **SURVEY** MUST INDICATE LOCATION AND HEIGHT.
NOTE: Cooper City Ordinance Sec 23-83 **Permanent fencing** shall be of a design that would required building permit for installation such as a chain link fence, shadowbox fence, picket fence, or a board on board fence and would not be able to be readily removed (not what is commonly referred to as a baby guard swimming pool fence, "baby fence" or mesh safety fence. Minimum five (5) foot high fence required.
FBC 2014, Sec 454.2.17

□ **TWO *(2)* SETS** OF SEALED PLANS.

- PLANS MUST SHOW STRUCTURAL, ELECTRICAL, PLUMBING, SITE PLAN AND PROJECT DATA.

□ IF A BABY BARRIER IS BEING USED, MANUFACTURER SPECIFICATIONS ARE REQUIRED AT PERMIT SUBMITTAL.

□ TWO **(2) COPIES** OF THE FINAL **SEALED** SURVEY NOT OLDER THAN ONE (1) YEAR OLD.

□ NOTICE OF COMMENCEMENT: SUBMIT WITH PERMIT APPLICATION
. (State of Florida effective January 1, 1991, requires a notice of commencement when the **fair market** value is $2,500.00 or greater)

□ HOMEOWNERS ASSOCIATION APPROVAL. *(If Applicable)*

□ EASEMENT RELEASE FORMS (If Applicable for decking, fence, screen enclosure etc. encroaching in a utility easement)

□ RESIDENTIAL SWIMMING POOL SAFETY ACT FORM SIGNED BY THE **HOMEOWNER AND THE CONTRACTOR.**

NOTE: WHEN THE PERMIT IS APPLIED FOR, THE **SWIMMING POOL CONTRACTOR** IS REQUIRED TO PAY A CASH BOND OF $1,000.00 FOR THE WARRANTY OF CLEANUP AND RESTORATION TO THE PUBLIC RIGHT OF WAY.
ONCE THE SWIMMING POOL HAS SUCCESSFULLY COMPLETED **ALL REQUIRED INSPECTIONS**, THE BUILDING DEPARTMENT WILL REQUEST A CHECK FOR REFUND OF THE PERFORMANCE BOND TO THE SWIMMING POOL CONTRACTOR.

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RESIDENTIAL SWIMMING POOL , SPA AND HOT TUB SAFETY ACT

PERMIT # ADDRESS

I, _____ , license # _____

(Print contractors Name) Contractors license number

Hereby affirm that one of the following methods will be used to meet the requirement of the 2014 Florida Building Code, Section 454.2.17

CHOOSE ONE OF THE FOLLOWING OPTIONS

□ THE POOL, SPAS, AND HOT TUBS WILL BE EQUIPPED WITH AN APPROVED SAFETY COVER THAT COMPLIES WITH ASTM
F 1346-91, **(Submit product approval and/or manufacturers specifications)**

□ A CONTINUOUS, ONE-PIECE BARRIER (CHILD FENCE, SCREEN ENCLOSURE OR OTHER FENCES) MEETING THE REQUIREMENTS OF FLORIDA BUILDING CODE 454.2.17 WILL PROTECT THE POOL PERIMETER **(Pool Deck).**
THE PLANS MUST SHOW THE FENCE LOCATION AND METHOD OF ATTACHMENT, INCLUDING ONE END THAT SHALL NOT BE REMOVABLE WITHOUT THE AID OF TOOLS **(Submit product approval and/or manufacturers specifications)**

□ A COMBINATION OF NON-DWELLING WALLS AND FENCES **(Screen enclosure, child fence (min. 60" High), Masonry fence walls, chain link or wood fences etc.)** WILL PROTECT THE POOL PERIMETER **(Pool Deck).** THE PLANS MUST SPECIFY THE TYPE AND LOCATION OF ALL NON-DWELLING WALLS.
SPACING BETWEEN VERTICAL, HORIZONTAL & DIAGONAL MEMBERS SHALL NOT EXCEED 1.75 INCHES.

□ ANY COMBINATION OF PROTECTION, WHICH INCORPORATES DWELLING WALLS WITH OPENING DIRECTLY INTO THE POOL PERIMETER **(Pool Deck),** AND ALL WINDOWS AND DOORS WILL BE EQUIPPED WITH EXIT ALARMS COMPLYING WITH **UL2017** AND IS EITHER HARD-WIRED OR OF THE PLUG-IN TYPE, IF THIS OPTION IS SELECTED, SUBMIT PLANS SHOWING ALL TYPES AND LOCATION OF ALL PERIMETER PROTECTION. THE PLANS MUST ALSO SHOW THE LOCATION AND TYPE OF ALL OPENINGS AND THE EXIT ALARM TYPE FOR EACH LOCATION. **(Submit product approval and/or manufacturers specifications.)**

□ ANY COMBINATION OF PROTECTION, WHICH INCORPORATES DWELLING WALLS WITH OPENING DIRECTLY INTO THE POOL PERIMETER **(Pool Deck),** AND ALL DOORS WILL BE EQUIPPED WITH A SELF-LATCHING DEVICE WITH POSITIVE MECHANICAL LATCHING/LOCKING INSTALLED A MIN. OF 54" ABOVE THE THRESHOLD. IF THIS OPTION IS SELECTED, SUBMIT PLANS SHOWING ALL TYPES AND LOCATION OF ALL PERIMETER PROTECTION. THE PLANS MUST ALSO SHOW THE LOCATION AND TYPE OF ALL OPENINGS AND THE TYPE OF HARDWARE FOR EACH LOCATION. **(Submit product approval and/or manufacturers specifications.)**

I UNDERSTAND THAT NOT HAVING ONE OF THE ABOVE INSTALLED WILL CONSTITUTE A VIOLATION OF CHAPTER 515 F.S. AND WILL BE CONSIDERED AS COMMITTING A MISDEAMEANOR OF THE SECOND DEGREE, PUNISHABLE BY FINES UP TO $500.00 AND/OR UP TO 60 DAYS IN JAIL AS ESTABLISHED IN CHAPTER 775, F.S.

CONTRACTOR'S SIGNATURE & DATE	OWNER'S SIGNATURE & DATE
CONTRACTOR'S NAME (PLEASE PRINT)	OWNER'S NAME (PLEASE PRINT)

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:	Floor Area:	Job Value:
Building Use:		Construction Type:		Occupancy Group:
Present Use:		Proposed Used:		
Description of Work:				
☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☐ Other:				
Legal Description:				☐ 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: ☐	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

STATE OF FLORIDA
COUNTY OF BROWARD

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

_____
(Type / Print Property Owner or Agent Name)

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

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

Personally Known ____ or Produced Identification _____

Type of Identification Produced _____

X_____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

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

_____
(Type / Print Qualifier's Name)

_____
NOTARY'S SIGNATURE as to Qualifier's Signature

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

Personally Known ____ or Produced Identification _____

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 COOPER CITY BROWARD COUNTY, FLORIDA

Someplace Special

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 GOVERMENT 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 AUTHORIZISE 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

Board of Rules and Appeals ~ March 1, 2002
Amended: Effective January 1, 2005
Amended: Effective October 1, 2008

Swimming Pools/Spas: First inspections to be made after excavation and installation of reinforcing steel, bonding and main drain and prior to placing of concrete, gunite or shotcrete. Second inspection(s) of perimeter plumbing, pressure test, deck electrical perimeter bonding and deck structural *(includes soil reports as applicable, paver type decks, special perimeter footings or deck features)* are to follow after the completion of each phase. Child barrier(exit) alarms (*If Applicable*) , and yard barriers that are part of the fourth wall protection shall be completed and approved inspection prior to swimming pool/spa being filled with water. Final zoning (*If Applicable*) is to be completed prior to the swimming pool/spa being completed. Electrical final is to be completed prior to the swimming pool/spa being filled with water. Final structural and plumbing is to be completed after the swimming pool/spa is filled with water and the filtration system is in operation.

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EASEMENT AGREEMENT

NAME OF UTILITY: _____
ADDRESS: _____

TO WHOM IT MAY CONCERN:

I PROPOSE TO APPLY FOR A COOPER CITY BUILDING DEPARTMENT PERMIT TO ERECT, CONSTRUCT OR INSTALL A _____, IN THE EASEMENT ON MY PROPERTY WHICH IS LOCATED AT _____ AND THE LEGAL DESCRIPTION OF SAID PROPERTY IS

LOT _____ **BLOCK** _____ **SUBDIVISION** _____

IN THE EVENT THAT YOU HAVE NO OBJECTIONS TO THIS SCOPE OF WORK, WILL YOU PLEASE COMPLETE THIS FORM AND RETURN IT IN THE ATTACHED SELF ADDRESSED STAMPED ENVELOPE OR CONTACT ME AT THE TELEPHONE NUMBER LISTED BELOW.

OWNER: _____
OWNER'S ADDRESS: _____
CITY: _____ **ZIP:** _____
TELEPHONE #: _____ **FAX #** _____

I UNDERSTAND THAT YOUR COMPANY WILL NOT BE RESPONSIBLE IN ANY WAY FOR REPAIRS OR REPLACEMENT OF ANY PORTION OF THIS _____ AND THAT ANY REMOVAL OR REPLACEMENT OF THIS CONSTRUCTION NECESSARY FOR YOUR USE/REPAIRS/ACCESS IN THIS DEDICATED EASEMENT WILL BE DONE AT THE OWNER'S EXPENSE. I FURTHER UNDERSTAND THAT I WILL ASSUME FULL RESPONSIBILITY FOR ANY DAMAGE INCURRED TO THE UTILITIES FACILITIES DURING CONSTRUCTION. I AGREE TO THIS PROPOSED CONSTRUCTION UNDER THE CIRCUMSTANCES DESCRIBED ABOVE.

COMMENTS BY OWNER: _____

COMMENTS BY UTILITY: _____

_____ _____
OWNER'S SIGNATURE **NAME OF UTILITY**

_____
NAME AND TITLE

AGREEMENTS REQUIRED FROM:

FLORIDA POWER & LIGHT
AT&T / BELL SOUTH
COOPER CITY UTILITIES
COMCAST
CENTRAL BROWARD WATER CONTROL (IF APPLICABLE)

NOTE: THIS DOES NOT INCLUDE SWIMMING POOLS, POOL DECKS, SCREEN ENCLOSURES OR OTHER **STRUCTURAL** (ROOFED OVER) ENCLOSURES.

2/29/16

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UTILITY COMPANIES

The Cooper City Building Dept. requires all easement release forms from **all utility companies** when construction is within the easement of your property. Any questions please contact the Building Dept. at 954-434-4300, ext. # 230

CITY OF COOPER CITY UTILITIES **Permits will be reviewed and approved at Building Dept.**
FLORIDA POWER AND LIGHT TELEPHONE: 954-442-6352 FAX: 954-442-6336 4000 DAVIE ROAD EXT. HOLLYWOOD, FL. 33024
AT&T TELEPHONE: 954 723-2425-Contact Lisa Golitz FAX: 954-423-6108 (Attention AT & T) 8601 W. SUNRISE BLVD. PLANTATION, FL. 33323 LA2050@att.com
CENTRAL BROWARD WATER CONTROL DISTRICT TELEPHONE: 954-432-5110 8020 STIRLING ROAD HOLLYWOOD, FL. 33024 **(ANY WATER DRAINAGE EASEMENTS)**
COMCAST Regional Design Center (Permits) FAX: 954-447-8445 2601 SW 145 AVE. MIRAMAR, FL. 33027 leonard_maxwell-newbold@cable.comcast.com

Sunshine (1-800-432-4770) will locate all utilities on your property except Florida Power and Light Co. **This service is free of charge.** You will need to provide them with your address, lot, block and subdivision.

NOTE: CONTACT NAMES & NUMBERS MAY CHANGE

COMCAST

RDC_lmn_06/11/2013

Easement Agreement Request For Comcast Executions

(FAX)
Please fax your agreement along with the survey to 1-954-447-8445
Please remember to put a return fax number on your agreement form to ensure a rapid return.

(E-mail)
please e-mail your easement agreement request along with the survey for review and execution to.

leonard_maxwell-newbold@cable.comcast.com

Expected Execution And Return = 2 to 3 days

Thanks !

COMCAST

Leonard Maxwell-Newbold
Tech 3, Network Engineering
Regional Permit Administrator
FEC Regional Design Center (RDC)
2601 SW 145th Ave Miramar, Fl 33027
TEL: 954-447-8405 * FAX: 954-534-7083 * CELL: 954.444.5113
leonard_maxwell-newbold@cable.comcast.com