



CITY OF COOPER CITY BUILDING DEPARTMENT

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

WINDOW & DOOR DIRECTION SHEET

- COMPLETED AND NOTARIZED PERMIT APPLICATION
- TWO (2) COPIES** OF COMPLETED PRODUCT APPROVAL REVIEW FORM
- PROVIDE **TWO (2) COMPLETE** COPIES OF ALL METRO DADE COUNTY PRODUCT APPROVALS OR FLORIDA APPROVALS FOR ALL COMPONENTS INCLUDING:
 - WINDOW
 - DOOR
 - MULLION

NOTE: HIGHLIGHT SIZES, RELATED PRESSURES AND GLAZING TYPES

- ALL RETROFIT WINDOWS AND DOORS MUST MEET ONE OF THE FOLLOWING WIND LOAD REQUIREMENTS:
 - TWO (2) COPIES** OF A SITE SPECIFIC PLAN SIGNED AND SEALED BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT, INDICATING THE LOCATION OF ALL OPENINGS AND THE DESIGN PRESSURES (ALL RESIDENCES PERMIT AFTER SEPT. 30, 1994)
 - TWO (2) COPIES** OF A SITE SPECIFIC PLAN (*Not signed and sealed*) INDICATING THE LOCATION AND **TWO (2) COPIES** OF A **WORST CASE** DESIGN PRESSURE CHART **SIGNED AND SEALED** BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT. (**SEPT 1994 OR LATER**)
 - TWO (2) COPIES** OF A SITE SPECIFIC PLAN (*Not signed and sealed*) INDICATING THE LOCATION OF THE OPENINGS AND THE DESIGN PRESSURES BASED ON THE BROWARD COUNTY FENESTRATION VOLUNTARY WIND LOAD CHART FBC 2014 5TH EDITION. SEE ATTACHED.

NOTE: ASCE7-10 FIG 6-3 HAS BEEN ADOPTED FOR RETROFIT OF DOORS, WINDOWS AND SHUTTERS AND IS LIMITED TO BUILDINGS WITH MEAN ROOF HEIGHT OF 30 FEET OR LESS.

- ALL RETROFIT DOORS, WINDOWS AND SKYLIGHTES MUST MEET THE IMPACT REQUIREMENT OF FLORIDA BUILDING CODE 1626.
- WINDOW AND DOORS MUST BE IMPACT RESISTANT , **OR**
- A SHUTTER PERMIT WITH REQUIRED PRODUCT APPROVAL MUST ACCOMPANY DOOR AND WINDOW PERMIT , **OR**
- EXISTING SHUTTERS MUST MEET FLORIDA BUILDING CODE 2001 OR SOUTH FLORIDA BUILDING CODE 1994 OR LATER AND BE ACCOMPANIED BY AN EXISTING PERMIT NUMBER.
- GARAGE DOORS SEE TABLE FBC 1609.7 (1) AND 1609.7 (2)



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**WINDOW & DOOR
DIRECTION SHEET**

EXCEPTIONS:

NOTE: 706.4 EXCEPTION 2. REPLACEMENT OF WINDOWS AND DOORS.

THE PLACEMENT OF GARAGE DOORS, EXTERIOR DOORS, SKYLIGHTS, OPERATIVE AND INOPERATIVE WINDOWS SHALL BE DESIGNED AND CONSTRUCTED TO COMPLY WITH CHAPTER 16 OF THE FLORIDA BUILDING CODE.

OPENING PROTECTION EXCEPTION: FOR ONE AND TWO - FAMILY DWELLINGS CONSTRUCTED UNDER CODES OTHER THAN THE FLORIDA BUILDING CODE AND LOCATED IN WIND-BORNE DEBRIS REGIONS, THE REPLACEMENT OF GARAGE DOORS AND EXTERIOR DOORS WITH GLAZING, SLIDING GLASS DOORS, PATIO DOORS, SKYLIGHTS, OPERABLE AND INOPERABLE WINDOWS WITHIN ANY 12 MONTH PERIOD SHALL NOT BE REQUIRED TO HAVE OPENING PROTECTION BUT SHALL BE DESIGNED FOR WIND PRESSURES FOR ENCLOSED BUILDINGS, PROVIDED THE AGGREGATE AREA OF THE GLAZING IN THE REPLACED COMPONENTS **DOES NOT EXCEED 25 % OF THE AGGREGATE AREA OF THE GLAZED OPENINGS** IN THE DWELLING OR DWELLING UNIT.

- TWO (2) COPIES OF HOMEOWNERS ASSOCIATION APPROVAL** (If applicable)

- Notice of Commencement (**Certified Copy or Electronic Copy**) (State of Florida effective January 1, 1991, Requires a Notice of Commencement when the fair market value is \$2,500.00 or greater) (If applicable)



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WINDOW & DOOR DIRECTION SHEET

DIRECTIONS FOR THE WINDOW & DOOR DETAILED INFORMATION SHEET:

PROVIDE A FLOOR PLAN WHICH SHOWS THE LOCATION OF EACH OPENING. EACH OPENING SHOULD HAVE A NUMBER THAT CORRESPONDS TO THE WINDOW, DOOR AND SKYLIGHT DETAILED INFORMATION SHEET.

COLUMN 1 – (Opening Designation) THESE LETTERS / NUMBERS SHOULD CORRESPOND TO A FLOOR PLAN (You must provide) SHOWING THE LOCATION OF EACH WINDOW, DOOR AND SKYLIGHT OPENING.

COLUMNS 2 – (Window, Door And Skylight Product Approval #) PROVIDE THE PRODUCT APPROVAL (NOA) NUMBER. TYPICALLY FOUND ON PAGE 1 OF THE PRODUCT APPROVAL. EXAMPLE (01- 0131.02)

COLUMN 3 & 4 - (Product Approval Design Pressure Rating) INDICATE THE POSITIVE AND NEGATIVE DESIGN PRESSURE OBTAINED FROM THE PRODUCT APPROVAL COMPARATIVE ANALYSIS DESIGN PRESSURE CHARTS. (Located in the Product Approval). SKYLIGHT PRESSURES MUST BE CALCULATED FOR ROOF ZONES 1, 2 & 3.

COLUMN 5 & 6 - (Pressure Rating Required for Specific Openings) INDICATE THE POSITIVE AND NEGATIVE DESIGN PRESSURE REQUIRED FOR EACH OPENING.

1. TO OBTAIN THE REQUIRED DESIGN PRESSURE FOR A SPECIFIC OPENING AT A SPECIFIC SITE, UTILIZE ONE OF THE FOLLOWING AND SUBMIT DOCUMENTATION AS INDICATED.
 - a. A SITE SPECIFIC PLAN **SIGNED AND SEALED** BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT, INDICATING THE LOCATION OF ALL RETROFIT OPENINGS AND THE REQUIRED DESIGN PRESSURES.
 - b. A SITE SPECIFIC PLAN (**Not Sealed**) INDICATING THE LOCATION OF ALL RETROFIT OPENINGS ACCOMPANIED BY A **WORST CASE** DESIGN PRESSURE CHART (**Signed and Sealed**) BY A FLORIDA P.E. OR ARCHITECT.
 - c. A SITE SPECIFIC PLAN (**Not Sealed**) INDICATING THE LOCATION OF ALL OPENINGS AND INDICATING THE REQUIRED DESIGN PRESSURES BASED ON ASCE7-10 FOR WINDOWS, DOORS, SHUTTERS AND SKYLIGHTS AND TABLE FBC 1609.7 (1) AND 1609.7 (2) FOR GARAGE DOORS

NOTE: SKYLIGHT PRESSURES MUST BE CALCULATED FOR ROOF ZONES 1, 2 & 3.

NOTE: ASCE7-10 HAS BEEN ADOPTED FOR RETROFIT OF WINDOWS, DOORS, SHUTTERS AND SKYLIGHTS (**Only**) ON BUILDINGS AND IS LIMITED TO BUILDINGS WITH A ROOF MEAN HEIGHT OF 30 FEET.

COLUMN 7 – (Maximum Tested Size) FOUND IN THE PRODUCT APPROVAL.

COLUMN 8 – (Rough Opening Size) FOUND ON THE FLOOR PLAN YOU PROVIDED.

COLUMN 9 – (Shutters required? Yes / No) INDICATES THE REQUIREMENTS FOR AN OPENING TO BE SHUTTERED (Non-Impact products)

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: _____		Occupancy Group: _____	
	Present Use: _____		Proposed Used: _____			
	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
(954) 434-4300 Ext#230 • Fax (954) 680-1439
www.coopercityfl.org



CITY OF COOPER CITY BUILDING DEPARTMENT

PRODUCT APPROVAL REVIEW FORM

CONTRACTOR _____ LOT _____ BLK _____ SUB _____ PERMIT # _____

1 OPENING LOCATION	2 PRODUCT ACCEPTANCE NUMBER	3 PRODUCT APPROVAL DESIGN PRESS. RATING (+)PSF	4 PRESS. RATING (-)PSF	5 PRESS. RATING REQD FOR SPECIFIC OPEN. (+)PSF	6 PRESS. RATING REQD FOR SPECIFIC OPEN. (-)PSF	7 MAXIMUM TESTED SIZE	8 ROUGH OPENING	9 SHUTTERS REQUIRED Y/N

1. IDENTIFY OPENINGS ALPHABETICALLY OR NUMERICALLY ON ELEVATION SHEETS.
2. IDENTIFY VERTICALLY STACKED GLASS IN THE SAME OPENINGS FROM BOTTOM TO TOP WITH A SUB # (A, A1, A2 OR 1,1A,1B,1C, ECT.).
3. IDENTIFY HORIZONTALLY ADJACENT GLASS IN THE SAME OPENING FROM LEFT TO RIGHT WITH A SUB # (A, A1, A2 OR 1, 1A, 1B,1C, ECT.).
4. THE INFORMATION CONTAINED HEREIN WILL BE USED TO CONDUCT INSPECTIONS

Broward County Fenestration Voluntary Wind Load Chart*

Per ASCE 7-10 Method 1, Part 1 and FBC 2010 for Retrofitting in Accordance with Formal Interpretation #5
 For Detached One-and Two family dwellings and Multiple Single-Family Dwellings (Townhouses) with Mean Roof Height ≤ 30 feet

Wind 170 mph (3-second gust) / Exposure C** / Kd = 0.85 / Kzt = 1.0

* Using Allowable Stress Design methodology (P = 0.6w) / ** Exposure shall be determined according to ASCE 7-10 Section 26.7.3 (Exposure Categories)

Effective Wind Area (ft ²)	Location: Gable or Hip Roof	Mean Roof Height of 15 feet						Mean Roof Height of 20 feet						Mean Roof Height of 25 feet						Mean Roof Height of 30 feet					
		Zone						Zone						Zone						Zone					
		1		2		3		1		2		3		1		2		3		1		2		3	
		+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
10	Gable/Hip Roof θ ≤ 7° (0 to 1.5:12)	16.0	-37.8	16.0	-63.4	16.0	-95.4	16.3	-40.2	16.3	-67.4	16.3	-101.4	17.1	-42.1	17.1	-70.6	17.1	-106.3	17.8	-43.7	17.8	-73.4	17.8	-110.4
20		16.0	-36.8	16.0	-56.7	16.0	-79.1	16.0	-39.1	16.0	-60.2	16.0	-84.0	16.0	-41.0	16.0	-63.1	16.0	-88.0	16.7	-42.6	16.7	-65.6	16.7	-91.5
50		16.0	-35.6	16.0	-47.7	16.0	-57.4	16.0	-37.8	16.0	-50.7	16.0	-61.0	16.0	-39.6	16.0	-53.2	16.0	-63.9	16.0	-41.1	16.0	-55.2	16.0	-66.4
100		16.0	-34.6	16.0	-41.0	16.0	-41.0	16.0	-36.8	16.0	-43.6	16.0	-43.6	16.0	-38.5	16.0	-45.7	16.0	-45.7	16.0	-40.0	16.0	-47.4	16.0	-47.4
10	Gable/Hip Roof*** 7° < θ ≤ 27° (1.5 to 6:12)	21.8	-34.6	21.8	-60.2	21.8	-89.0	23.1	-36.8	23.1	-64.0	23.1	-94.6	24.3	-38.5	24.3	-67.1	24.3	-99.2	25.2	-40.0	25.2	-69.7	25.2	-103.0
20		19.9	-33.6	19.9	-55.4	19.9	-83.3	21.1	-35.7	21.1	-58.9	21.1	-88.5	22.1	-37.4	22.1	-61.7	22.1	-92.7	23.0	-38.9	23.0	-64.1	23.0	-96.3
50		17.3	-32.4	17.3	-49.0	17.3	-75.6	18.4	-34.4	18.4	-52.1	18.4	-80.3	19.3	-36.0	19.3	-54.6	19.3	-84.2	20.0	-37.4	20.0	-56.7	20.0	-87.5
100		16.0	-31.4	16.0	-44.2	16.0	-69.8	16.3	-33.3	16.3	-47.0	16.3	-74.2	17.1	-35.0	17.1	-49.2	17.1	-77.8	17.8	-36.3	17.8	-51.1	17.8	-80.8
10	Gable Roof 27° < θ ≤ 45° (6 to 12:12)	34.6	-37.8	34.6	-44.2	34.6	-44.2	36.8	-40.2	36.8	-47.0	36.8	-47.0	38.5	-42.1	38.5	-49.2	38.5	-49.2	40.0	-43.7	40.0	-51.1	40.0	-51.1
20		33.6	-35.9	33.6	-42.3	33.6	-42.3	35.7	-38.1	35.7	-44.9	35.7	-44.9	37.4	-39.9	37.4	-47.1	37.4	-47.1	38.9	-41.5	38.9	-48.9	38.9	-48.9
50		32.4	-33.3	32.4	-39.7	32.4	-39.7	34.4	-35.4	34.4	-42.2	34.4	-42.2	36.0	-37.1	36.0	-44.2	36.0	-44.2	37.4	-38.6	37.4	-46.0	37.4	-46.0
100		31.4	-31.4	31.4	-37.8	31.4	-37.8	33.3	-33.3	33.3	-40.2	33.3	-40.2	35.0	-35.0	35.0	-42.1	35.0	-42.1	36.3	-36.3	36.3	-43.7	36.3	-43.7

*** For Hip Roofs with angle > 7 degrees (1.5:12) and ≤ 25 degrees (5.5:12), Zone 3 shall be treated as Zone 2 (Figure 30.4-2B, Note 7, p. 337)

Effective Wind Area (ft ²)	Location	Mean Roof Height of 15 feet				Mean Roof Height of 20 feet				Mean Roof Height of 25 feet				Mean Roof Height of 30 feet			
		Zone				Zone				Zone				Zone			
		4		5		4		5		4		5		4		5	
		+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
10	Wall	37.8	-41.0	37.8	-50.6	40.2	-43.6	40.2	-53.8	42.1	-45.7	42.1	-56.4	43.7	-47.4	43.7	-58.6
20		36.1	-39.3	36.1	-47.2	38.3	-41.7	38.3	-50.1	40.2	-43.8	40.2	-52.6	41.8	-45.5	41.8	-54.6
50		33.8	-37.0	33.8	-42.7	36.0	-39.4	36.0	-45.4	37.7	-41.3	37.7	-47.5	39.2	-42.9	39.2	-49.4
100		32.1	-35.3	32.1	-39.3	34.1	-37.5	34.1	-41.7	35.8	-39.4	35.8	-43.8	37.2	-40.9	37.2	-45.5
500		28.2	-31.4	28.2	-31.4	29.9	-33.3	29.9	-33.3	31.4	-35.0	31.4	-35.0	32.6	-36.3	32.6	-36.3

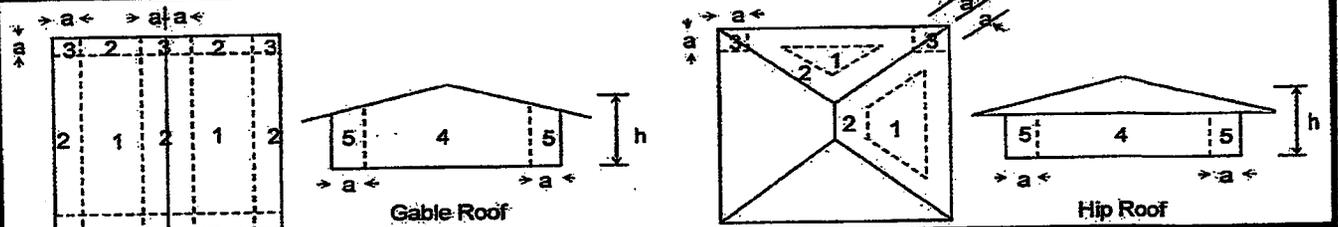
Garage Door Wind Loads

for a Building with 30-foot Mean Roof Height

Exposure C

Tables 1609.7(1) & (2), and Section 1609.3.1

Effective Wind Area	Roof Angle	Wind Load	
		+	-
8	0-10 degrees	35.2	-39.8
10		34.1	-38.2
14		32.3	-36.1
9	>10 degrees	38.4	-43.4
16		36.8	-41.0



For Effective Wind Areas between those given, values may be interpolated. Otherwise use the value associated with the lower Effective Wind Area.
 End Zone (a) shall be the smaller of 10% of Least Hor. Dist. or 40% of Mean Roof Height, but not less than 4% of Least Hor. Dist. or 3 ft.
 Identify the zone per the figure or information by others. Any questionable zone is to be considered the more critical zone.

Design is based on the 3-second gust (wind velocity) for Risk Category II (general residential & commercial construction) per FBC 1620.2 Broward. These tables not for use with essential facilities or assembly occupancies.