



**CITY OF COOPER CITY
BUILDING DEPARTMENT**

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

**WOOD DECKING
PERMIT SUBMITTAL CHECKLIST**

PERMIT APPLICATION FOR STRUCTURAL.

TWO (2) SETS OF PLANS.

PLANS MUST SHOW COMPLETE STRUCTURAL DIMENSIONS, FOOTINGS, POST LOCATIONS, SPACING, FASTENERS, AND TYPE OF MATERIAL USED.

PLANS MUST HAVE NOTATION OF **"HOW HIGH ABOVE GRADE"**.

NOTE: MAY REQUIRE RAILING

TWO (2) COPIES of SURVEY:

FINAL SURVEY SHOWING LOCATION AND SIZE OF DECK AND ALL SETBACKS TO PROPERTY LINES.

NOTICE OF COMMENCEMENT. (**Certified 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)

TWO (2) COPIES OF OWNER BUILDER SIGNED AFFIDAVIT. (If Applicable)

TWO (2) COPIES OF HOMEOWNERS ASSOCIATION APPROVAL. (If Applicable)

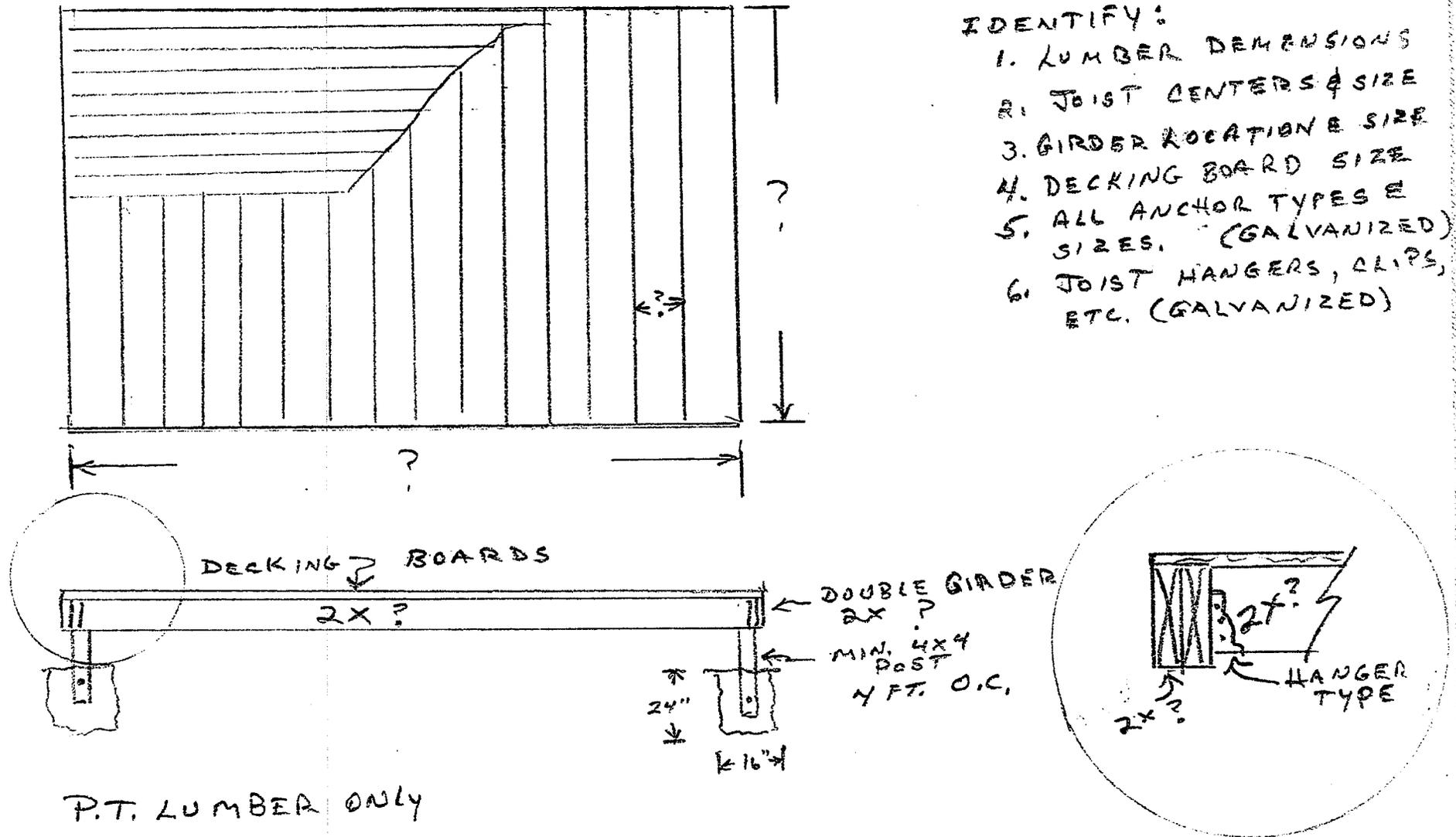
TWO (2) COPIES OF EASEMENT AGREEMENT RELEASES. (If Applicable)

REQUIRED INSPECTIONS:

- FOOTING
- FRAMING
- FINAL WOOD DECK

IDENTIFY:

1. LUMBER DIMENSIONS
2. JOIST CENTERS & SIZE
3. GIRDER LOCATION & SIZE
4. DECKING BOARD SIZE
5. ALL ANCHOR TYPES & SIZES. (GALVANIZED)
6. JOIST HANGERS, CLIPS, ETC. (GALVANIZED)



P.T. LUMBER ONLY

~~THIS DECK EXAMPLE IS NOT FOR SUBMITTAL~~

diy.net.com
(DECK PLANNING & DESIGN)

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**

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

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

AGREEMENTS REQUIRED FROM:

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

NAME AND TITLE

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



CITY OF COOPER CITY BUILDING DEPARTMENT

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#279
FAX: 954-680-1439

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

<p>CITY OF COOPER CITY UTILITIES Permits will be reviewed and approved at Building Dept.</p>
<p>FLORIDA POWER AND LIGHT TELEPHONE: 954-442-6352 FAX: 954-442-6336 4000 DAVIE ROAD EXT. HOLLYWOOD, FL. 33024</p>
<p>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</p>
<p>CENTRAL BROWARD WATER CONTROL DISTRICT TELEPHONE: 954-432-5110 8020 STIRLING ROAD HOLLYWOOD, FL. 33024 (ANY WATER DRAINAGE EASEMENTS)</p>
<p>COMCAST Regional Design Center (Permits) FAX: 954-447-8445 2601 SW 145 AVE. MIRAMAR, FL. 33027 leonard_maxwell-newbold@cable.comcast.com</p>

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



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 !



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