



**CITY OF COOPER CITY  
BUILDING DEPARTMENT**

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

**AIR CONDITIONING REPLACEMENT DATA**

**TWO (2) COPIES OF THIS FORM MUST ACCOMPANY ALL AIR CONDITIONING REPLACEMENT PERMIT APPLICATIONS.**

**CONTRACTOR:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_  
**SITE ADDRESS:** \_\_\_\_\_ **UNIT/APT #** \_\_\_\_\_

DATA	EXISTING UNIT	NEW UNIT	ELECTRICAL	
			MIN / AMP	MAX / AMP
MANUFACTURER				
PKG. UNIT MODEL #				
AUH/COIL MODEL #				
CONDENSER MODEL#				
HEATER KW				
SYSTEM SIZE ( TONS )				
SEER / EER				

A.R.I. REFERENCE NUMBER: \_\_\_\_\_

IS A NEW ROOF CURB / CURB ADAPTER OR STAND NEEDED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(SUBMIT DESIGN REQUIREMENTS PER F.B.C. ON ROOF MOUNTED EQUIPMENT WITH APPLICATION)  
IS NEW EQUIPMENT BEING MOVED OR RELOCATED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS A LADDER REQUIRED FOR INSPECTION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS NEW DUCTWORK BEING INSTALLED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IS AN AIR DUCT SMOKE DETECTOR INSTALLED? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FLORIDA STATE CERTIFICATION / REGISTRATION # :** \_\_\_\_\_

Approved: \_\_\_\_\_

# 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 50<sup>th</sup> 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 50<sup>th</sup> PLACE  
COOPER CITY, FLORIDA 33329-0910  
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