



CITY OF COOPER CITY BUILDING DEPARTMENT

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

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

CUSTOMER: _____ **DATE OF TEST:** _____
MANAGER OR CONTACT PERSON: _____
STREET ADDRESS: _____ **TELEPHONE :** _____
LOCATION OF ASSEMBLY: _____
TYPE OF ASSEMBLY: _____ **RP** **DC** **PVB** **OTHER** **SIZE** _____
MANUFACTURER: _____ **MODEL:** _____ **SERIAL #:** _____
PERMIT #: _____ **WATER METER #:** _____ **INLET LINE PSI:** _____

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIF.PRESSURE _____ VALVE: _____ PSI	OPENED AT: PSI _____	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIF.PRESSURE _____ VALVE: _____ PSI	AIR INLET VALVE AT _____ PSI <input type="checkbox"/> DID NOT OPEN CHECK VALVE: <input type="checkbox"/> LEAKED HELD AT _____ PSI
<input type="checkbox"/> CLEANED ONLY REPLACED : <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> REPAIR: EXPLAIN	<input type="checkbox"/> CLEANED ONLY REPLACED : <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> REPAIR: EXPLAIN	<input type="checkbox"/> CLEANED ONLY REPLACED : <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> REPAIR: EXPLAIN	<input type="checkbox"/> CLEANED ONLY REPLACED : <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> REPAIR: EXPLAIN
DIFF.PRESSURE ACROSS CHECK _____ VALVE _____ PSI	OPEN AT: PSI _____	DIFF.PRESSURE ACROSS CHECK _____ VALVE _____ PSI	AIR INLET _____ PSI CHECK VALVE PSI _____

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TEN (10) DAYS

REMARKS: _____

PASSED: YES _____ **FAILED** _____ **REPAIR DATE:** _____ **REPAIR CERT #:** _____

TEST EQUIP. USED: _____ **CALABRATION:** _____ **TESTING CO** _____
INSTRUMENT SPECIALTIES _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

CERTIFIED TESTER SIGNATURE: _____ **PRINT NAME:** _____

CERT. NO. _____ **EXPIRATION DATE:** _____

****Need TWO (2) Copies of authorized letter from commercial property owner for work performed****

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:					
	<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