



CITY OF COOPER CITY BUILDING DEPARTMENT

Phone: 954- 434-4300
Ext. #230,#227, #279
Fax: 954- 680-1439

PERFORMANCE BOND

DATE: _____

CONTRACTOR: _____

ADDRESS: _____

TELEPHONE: _____

PROPERTY INFORMATION

PERMIT #:	_____
ADDRESS:	_____
LOT / BLOCK:	_____
SUBDIVISION:	_____

TYPE OF BOND

MISCELLANEOUS	SIDEWALK	PERFORMANCE
AMOUNT: \$ _____	AMOUNT: \$ _____	AMOUNT: \$ _____
RECEIPT#: _____	RECEIPT#: _____	RECEIPT #: _____

DEPARTMENT: _____

STAFF SIGNATURE: _____

REQUIREMENTS BEFORE RELEASE OF BOND ARE AS FOLLOWS:

I the undersigned understand and agree to the above requirements and further agree after completion of the above, that the City of Cooper City will refund the above bond amount.

PERMIT HOLDER/AGENT'S SIGNATURE _____

DATE: _____

PRINT PERMIT HOLDER/AGENT'S NAME: _____

INTERNAL USE ONLY		
FINAL INSPECTION DATE: _____		
MUST HAVE APPROVAL FROM: _____		
VERIFIED & OK TO RELEASE PER: _____		
DATE: _____	STAFF NAME _____	TITLE _____

CITY OF COOPER CITY BUILDING DEPARTMENT
9090 SW 50 PLACE- PO BOX 290910, COOPER CITY, FLORIDA 33329-0910
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