



CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE:
(954) 434-4300:
EXTENSION:
#230, #227, #279,
#262
FAX:
(954) 680-1439

ACCESSORY BUILDINGS PERMIT SUBITTAL CHECKLIST SHED * CHICKEE HUT * GAZEBO

- STRUCTURAL PERMIT APPLICATION. (ELECTRICAL if *applicable*).
- TWO (2) COPIES** SURVEY SHOWING THE LOCATION OF THE PROPOSED ACCESSORY BUILDING TO ALL PROPERTY LINES.
- PRE-FABRICATED BUILDINGS** REQUIRE **TWO (2) COPIES** OF PRODUCT APPROVALS OR PLANS WITH LETTER FROM DEPARTMENT OF COMMUNITY AFFAIRS (DCA) AND FLORIDA ENGINEER SEALED TIE DOWN PLAN.
- CONSTRUCTED** ACCESSORY BUILDINGS REQUIRE **TWO (2) SETS** OF SEALED ENGINEER OR ARCHITECTURAL PLANS ALONG WITH A TIE DOWN PLAN.
- DESIGN CRITERIA: FBC 2017170 MPH (3 SEC GUST) EXPOSURE C.
- TWO (2) COPIES** OF UTILITY EASEMENT RELEASE FORMS
- TWO (2) COPIES** 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*)
- TWO (2) COPIES** ACCESSORY BUILDING CHECK LIST
- DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION (DPEP) IS REQUIRED FOR **NON** RESIDENTIAL PROPERTY. THIS INCLUDES COMMERCIAL SITES, FOR EXAMPLE NEXTEL, ETC.
- CHICKEE HUTS CONSTRUCTED BY THE MICCOSUKEE OR SEMINOLE TRIBES OF FLORIDA ARE EXEMPT FROM CODE DESIGN STANDARDS IN THE FLORIDA BUILDING CODE.
A ZONING PERMIT IS ALWAYS REQUIRED. **ELECTRIC, PLUMBING, CONCRETE SLABS, WOOD DECKING, ZONING, ETC. ARE NOT EXEMPT.** SEE SECTION 102.2 (H) BROWARD COUNTY AMENDMENTS.



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**ACCESSORY BUILDINGS
PERMIT SUBITTAL CHECKLIST
SHED * CHICKEE HUT * GAZEBO**

THE FOLLOWING CHECKLIST SHALL BE COMPLETELY FILLED IN AND **TWO (2) COPIES** SUBMITTED WITH EACH BUILDING PERMIT APPLICATION OF AN ACCESSORY BUILDING.

- WHAT TYPE OF ACCESSORY BUILDING ARE YOU REQUESTING A PERMIT FOR?
 STORAGE / UTILITY CHICKEE HUT GAZEBO
- ARE THERE CURRENTLY ANY OTHER ACCESSORY BUILDINGS ON YOUR PROPERTY?
 YES NO WHAT TYPE? _____

NO MORE THAN TWO ACCESSORY BUILDINGS ARE PERMITTED – ONE FOR STORAGE, ONE FOR RECREATION. TOTAL AREA NOT TO EXCEED 35% OF THE REAR YARD AREA

- WHAT ARE THE DIMENSIONS OF THE BUILDING? _____ X _____
 (Maximum height for a shed is eight (8) feet.) (Maximum overall size for a shed is one hundred (100) sq. ft.)
 (Maximum height for a gazebo or chickee hut is fourteen (14) feet.)
- IS A COPY OF YOUR PROPERTY’S SURVEY INCLUDED AND CLEARLY SHOWING THE PROPOSED LOCATION? DISTANCE FROM PROPERTY LINE: _____ FEET FROM THE SIDE: _____ FEET FROM THE REAR: _____

ACCESSORY BUILDINGS **SHALL NOT** BE CONSTRUCTED CLOSER THAN **SIX (6) FEET** FROM THE REAR OR SIDE PROPERTY LINE. AN ACCESSORY BUILDING **MAY BE LOCATED CLOSER** THAN DESCRIBED FROM THE REAR OR SIDE PROPERTY LINES **PROVIDED THERE IS A SIX (6) FOOT HIGH PRIVACY FENCE** CONSTRUCTED ALONG THE REAR / SIDE LINE.

- IS THERE AN EXISTING FENCE ALONG THE REAR OR SIDE PROPERTY LINE? YES NO
 IF THERE IS AN EXISTING FENCE, WHAT IS THE HEIGHT? _____
 IS THIS STRUCTURE DESIGNED FOR USE IN 140 MPH (3 SEC. GUST) EXPOSURE C
 YES NO?
- IS THE ACCESSORY BUILDING BEING INSTALLED OVER AN EASEMENT? YES NO
 OWNER’S SIGNATURE _____
- MANUFACTURED BUILDING PLANS REQUIRE A DCA LETTER AND STAMP AND SEALED ANCHORAGE PLAN.

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



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BUILDING DEPARTMENT

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#262
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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.



BUILDING DEPARTMENT UTILITIES CONTACT INFORMATION

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, #227, #279, #262

<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: 954 723-2401 FAX: 954-476-4585 8601 W. SUNRISE BLVD. PLANTATION, FL. 33322 E-MAIL: g30576@att.com ON SUBJECT LINE-EASEMENT, YOUR ADDRESS & CITY</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) Sherell McKay2@comcast.com Phone Number: 1-754-221-1314 2601 SW 145 AVE. MIRAMAR, FL. 33027</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