



THE CITY OF **COOPER CITY** BROWARD COUNTY, FLORIDA

Someplace Special

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

AFFIDAVIT FOR 30 - DAY TEMPORARY - ELECTRIC SERVICE

(To be executed by Owner and/or Tenant, Building & Electrical Contractor)

It is understood that the temporary - electrical approval by the Cooper City Building Division given in connection with the building being constructed under Application

Number: _____ by:

_____ Company Name - Electrical
Contractor (Please Print) Qualifier (Please Print)

_____ Company Name - General
Contractor (Please Print) Qualifier (Please Print)

at: _____ address
for: _____ owners

is being given only for construction purposes or for testing the following installations being made in said structure:

Sub-paragraph 104.12.2.4 of the Florida Building Code provides for a 30-day maximum approval, only in an URGENT NECESSITY for electric current exists. Necessity shall include the use of current for irrigation, security, humidity control, emergency power and lighting, such as for testing or construction purposes, provided the Electrical Contractor and owner does hereby agree to assume the responsibility of maintaining the installation in such a manner that there is no hazard to life and property.

Such approval is in no event to be considered a release of said structure for purposes of use and occupancy, and no occupancy shall be granted or permitted until final inspections have been called for and approved by the inspection divisions concerned, and an occupancy permit obtained.

The undersigned also understand that the temporary-electric approval is subject to rescission and cancellation, and electric power, can be cut off at the discretion of the Building and Zoning Department and will be disconnected if the building concerned is occupied before final inspections are approved and occupancy permit obtained.

CITY OF COOPER CITY, FLORIDA • DEVELOPMENT SERVICES • BUILDING DIVISION
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I, _____, being first duly sworn, deposed and say that I am the owner of the above described property and that I agree that the structure covered in this agreement shall not be occupied until the building contractor has obtained approval of final inspections.

Sworn and subscribed before me this
____ day of _____, 20__ , Notary Public
State of Florida at Large

Signature of
Owner

Signature of
Notary Public

My commission expires:

I, _____, being first duly sworn, deposed and say that I am the Electrical Contractor for the above described property and that the electrical installations as now existing will not create a safety hazard if temporary-service is connected.

Sworn and subscribed before me this
____ day of _____, 20__ , Notary Public
State of Florida at Large

Signature of
Electrical Contractor

Signature of
Notary Public

My commission expires:

I, _____, being first duly sworn, deposed and say that I am the Building Contractor of the above described property and that I will not permit occupancy of this building until final inspections have been called for by the contractors and sub-contractors concerned and final approval by the inspection division obtained and that I have the authority insofar as the owner of said property is concerned to prohibit occupancy until such final inspections are obtained.

Sworn and subscribed before me this
____ day of _____, 20__ , Notary Public
State of Florida at Large

Signature of
Building Contractor

Signature of
Notary Public

My commission expires:

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.

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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

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