CITY OF COOPER CITY
BUILDING DEPARTMENT

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

ANTENNA * SATELITE DISH
SUBMITTAL CHECKLIST

- ☐ PERMIT APPLICATION WITH OWNER'S SIGNATURE ON BACK OF APPLICATION and of this CHECKLIST.
- ☐ **TWO (2)** SURVEYS SHOWING LOCATION OF ANTENNA. SHOW SETBACKS TO ALL PROPERTY LINES
- ☐ **TWO (2)** SETS OF SEALED PLANS SHOWING DETAIL OF FOOTER, FOUNDATION AND ANCHORING. DESIGN TO 2017 FBC 170 mph, HVHZ
- ☐ DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION *(DPEP)* IS REQUIRED FOR NON RESIDENTIAL PROPERTY. THIS INCLUSDES COMMERCIAL SITES, NEXTEL, ETC.

  BROWARD COUNTY SPECIAL INSPECTOR'S FORM FOR COMMERCIAL TOWER CONNECTIONS.
- ☐ **TWO (2)** COPIES OF HOMEOWNERS ASSOCIATION APPROVAL. *(If applicable)*
- ☐ **TWO (2)** COPIES OF EASEMENT RELEASE FORMS. *(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 OF OWNER / BUILDER AFFIDAVIT. *(If applicable)*
- ☐ ELECTRICAL PERMIT WOULD BE REQUIRED FOR DISH ANTENNA OVER TWO **(2)** FEET IN DIAMETER ONLY.
- ☐ NEED TO INDICATE ON BUILDING PERMIT APPLICATION / PLANS THE OVER ALL HEIGHT OF STRUCTURE.
- ☐ DESIGN CRITERIA: FBC 2017 HVHZ, 170 MPH (*3 SEC. GUST)* EXPOSURE C.
- ☐ **TWO (2)** COPIES OF AUTHORIZATION LETTER FROM COMMERICAL PROPERTY OWNER FOR WORK PERFORMED. (*If applicable*)

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:				
☐ New ☐ Addition ☐ Repair ☐ Alteration ☐ Demolition ☐ Revision ☐ Other:				
Legal Description:				☐ 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: ☐	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

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this_____ day of _____, 20_____ by

_____
(Type / Print Property Owner or Agent Name)

_____
NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification _____

Type of Identification Produced _____

X_____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this_____ day of _____, 20_____ by

_____
(Type / Print Qualifier's Name)

_____
NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known ____ or Produced Identification _____

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 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

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 GOVERMENT 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 AUTHORIZISE 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
BUILDING DEPARTMENT

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

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

_____
NAME AND TITLE

AGREEMENTS REQUIRED FROM:

FLORIDA POWER & LIGHT
AT&T / BELL SOUTH
COOPER CITY UTILITIES
COMCAST
CENTRAL BROWARD WATER CONTROL (IF APPLICABLE)

NOTE: THIS DOES NOT INCLUDE SWIMMING POOLS, POOL DECKS, SCREEN ENCLOSURES OR OTHER **STRUCTURAL** (ROOFED OVER) ENCLOSURES.

REV 9-2018

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

CITY OF COOPER CITY UTILITIES **Permits will be reviewed and approved at Building Dept.**
FLORIDA POWER AND LIGHT TELEPHONE: 954-442-6352 **FAX: 954-442-6336** 4000 DAVIE ROAD EXT. HOLLYWOOD, FL. 33024
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**
CENTRAL BROWARD WATER CONTROL DISTRICT TELEPHONE: 954-432-5110 **8020 STIRLING ROAD** **HOLLYWOOD, FL. 33024** (**ANY WATER DRAINAGE EASEMENTS**)
COMCAST Regional Design Center (Permits) **Sherell_McKay2@comcast.com** Phone Number: 1-754-221-1314 2601 SW 145 AVE. MIRAMAR, FL. 33027

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