



CITY OF COOPER CITY BUILDING DEPARTMENT

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

SCREEN / ALUMINUM ENCLOSURE PERMIT SUBMITTAL CHECKLIST

- PERMIT APPLICATION and this check list

- TWO (2)** SETS OF SEALED PLANS with PRODUCT APPROVALS FOR ROOF and WALL PANELS. **Show adequate anchoring to host structure**

- RATIONAL ANALYSIS STATEMENT FOR EXISTING THE SLAB / FOOTING.
- DESIGN CRITERIA
 - FBC 2017 HVHZ, 170 MPH (3 Sec. Gust) EXPOSURE C

- TWO (2)** COPIES OF THE PROPERTY SURVEY SHOWING LOCATION WITH ALL SETBACKS TO PROPERTY LINE.

- TWO (2)** COPIES OF THE HOMEOWNERS ASSOCIATION APPROVAL (If Applicable)

- TWO (2)** COPIES OF THE 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 THE OWNER / BUILDER AFFIDAVIT (If Applicable) AND SIGNED CONTRACT.

- SUNROOMS- OPENINGS ARE NOT REQUIRED TO BE PROTECTED, PROVIDED THAT THE WALLS OF THE HOST STRUCTURE ARE IMPACT RESISTANT. APPLICANT TO PROVIDED VERIFICATION OF PERMITTED DEVICES.

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.



**CITY OF COOPER CITY
BUILDING DEPARTMENT**

PHONE:
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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