



CITY OF COOPER CITY BUILDING DEPARTMENT

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

SLAB PERMIT SUBMITTAL CHECKLIST

- PERMIT APPLICATION FOR:
A. STRUCTURAL

- TWO (2) SETS** OF PLANS. Plans must show complete structural dimensions: length, width and depth, Concrete P.S.I., required reinforcement and finished elevation. ALL WORK SHALL MEET OR EXCEED THE 2017 FBC HVHZ, 170 MPH EXPOSURE C

NOTE: THIS FOOTER MAY NOT MEET THE REQUIREMENT FOR FUTURE CONSTRUCTION.

- TWO (2) COPIES** OF THE SURVEY SHOWING LOCATION AND SIZE OF SLAB AND ALL ALL SETBACKS TO THE PROPERTY LINES.
- 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 or greater)
- TWO (2) COPIES** OF THE OWNER / BUILDER SIGNED AFFIDAVIT. (If applicable)
- TWO (2) COPIES** OF THE HOMEOWNERS ASSOCIATION APPROVAL. (If applicable)
- TWO (2) COPIES** OF THE EASEMENT AGREEMENT RELEASES. (If applicable)
- NON RESIDENTIAL PROPERTY IS REQUIRED TO GET APPROVAL FROM THE DEPARTMENT OF PLANNING AND ENVIRONMENTAL PROTECTION (DPEP)
- TWO (2) COPIES OF THIS CHECKLIST.

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

SOIL BEARING CAPACITY STATEMENT

JOB ADDRESS: _____

PERMIT NUMBER: _____

THIS IS TO CERTIFY THAT THIS OFFICE HAS DETERMINED BY RATIONAL ANALYSIS AND THE FACT THAT THE SITE IS IN A "DEVELOPED SITE" AREA, THAT THE ALLOWABLE IN-PLACE BEARING CAPACITY FOR THE PROPOSED FOOTINGS ARE _____psf.

CALCULATIONS HAVE BEEN PERFORMED ANALYZING THE PROPOSED STRUCTURE WHICH WILL BE SUPPORTED ON THE FOOTINGS. SUCH CALCULATIONS HAVE DETERMINED THAT THE DESIGN BEARING CAPACITY UTILIZED IN SIZING THE STRUCTURE FOOTING IS _____psf.

SINCE THE DESIGN CAPACITY IS LESS THAN THE ALLOWABLE CAPACITY, THE SOILS AT THE SITE WILL SAFELY SUPPORT THE NEW STRUCTURE LOAD AND COMPLY WITH THE FLORIDA BUILDING CODE, 2017 EDITION.

THIS STATEMENT IS BASED UPON SECTION 1818.1 AND 1818.2 OF THE FLORIDA BUILDING CODE.

BY: _____

SEAL:

NAME: _____

DATE: _____

**SECTION 1818
HIGH VELOCITY HURRICANE ZONES BEARING CAPACITY OF SOIL**

§ 1818.1 DESIGN BEARING CAPACITY. PLANS FOR NEW BUILDINGS, STRUCTURES OR ADDITIONS SHALL CLEARLY IDENTIFY THE NATURE OF THE SOIL UNDER THE STRUCTURE AND THE ALLOWABLE BEARING CAPACITY USED IN SIZING THE BUILDING FOUNDATION SUPPORT SYSTEM.

EXCEPTION: SEE § 1822.1 FOR PLANS FOR NEW BUILDINGS, STRUCTURES, OR ADDITIONS, WHICH ARE TO BE SUPPORTED ON A PILING FOUNDATION SYSTEM.

§ 1818.2 ALLOWABLE BEARING CAPACITY. PRIOR TO THE INSTALLATION OF ANY FOOTING FOUNDATION SYSTEM FOR NEW BUILDINGS, STRUCTURES, OR ADDITIONS, THE BUILDING OFFICIAL SHALL BE PROVIDED WITH A STATEMENT OF ALLOWABLE BEARING CAPACITY FROM AN ARCHITECT OR PROFESSIONAL ENGINEER. SAID STATEMENT SHALL CLEARLY IDENTIFY THE ALLOWABLE IN-PLACE BEARING CAPACITY OF THE BUILDING PAD FOR THE NEW BUILDING OR ADDITION AND VERIFY THE EXISTING SOIL CONDITIONS. THE CERTIFIED IN-PLACE BEARING CAPACITY SHALL HAVE BEEN DETERMINED BY WAY OF RECOGNIZED TEST OR RATIONAL ANALYSIS AND SHALL MEET OR EXCEED THE DESIGN BEARING CAPACITY IDENTIFIED UNDER **§ 1818.1**.



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.



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