



CITY OF COOPER CITY BUILDING DEPARTMENT

PHONE 954 434-4300
EXT. #230, #227,
#279
FAX: 954 680-1439

SWIMMING POOL-SPA-HOT TUB-JACUZZI PERMIT SUBMITTAL CHECKLIST

PERMIT APPLICATION FOR:

- STRUCTURAL (*Fence or Screen Enclosure If applicable, See requirements under applicable type.*)
- ELECTRICAL
- PLUMBING

NOTE: IF THERE IS AN **EXISTING** FIVE/SIX FOOT FENCE, THE **SURVEY** MUST INDICATE LOCATION AND HEIGHT.

NOTE: Cooper City Ordinance Sec 23-83 **Permanent fencing** shall be of a design that would required building permit for installation such as a chain link fence, shadowbox fence, picket fence, or a board on board fence and would not be able to be readily removed (not what is commonly referred to as a baby guard swimming pool fence, "baby fence" or mesh safety fence. Minimum five (5) foot high fence required. FBC 2014, Sec 454.2.17

TWO (2) SETS OF SEALED PLANS.

- PLANS MUST SHOW STRUCTURAL, ELECTRICAL, PLUMBING, SITE PLAN AND PROJECT DATA.

IF A BABY BARRIER IS BEING USED, MANUFACTURER SPECIFICATIONS ARE REQUIRED AT PERMIT SUBMITTAL.

TWO (2) COPIES OF THE FINAL SEALED SURVEY NOT OLDER THAN ONE (1) YEAR OLD.

NOTICE OF COMMENCEMENT: SUBMIT WITH PERMIT APPLICATION

. (State of Florida effective January 1, 1991, requires a notice of commencement when the **fair market value** is \$2,500.00 or greater)

HOMEOWNERS ASSOCIATION APPROVAL. (*If Applicable*)

EASEMENT RELEASE FORMS (If Applicable for decking, fence, screen enclosure etc. encroaching in a utility easement)

RESIDENTIAL SWIMMING POOL SAFETY ACT FORM SIGNED BY THE **HOMEOWNER AND THE CONTRACTOR.**

NOTE: WHEN THE PERMIT IS APPLIED FOR, THE **SWIMMING POOL CONTRACTOR** IS REQUIRED TO PAY A CASH BOND OF \$1,000.00 FOR THE WARRANTY OF CLEANUP AND RESTORATION TO THE PUBLIC RIGHT OF WAY.

ONCE THE SWIMMING POOL HAS SUCCESSFULLY COMPLETED **ALL REQUIRED INSPECTIONS**, THE BUILDING DEPARTMENT WILL REQUEST A CHECK FOR REFUND OF THE PERFORMANCE BOND TO THE SWIMMING POOL CONTRACTOR.



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RESIDENTIAL SWIMMING POOL , SPA AND HOT TUB SAFETY ACT

PERMIT # _____ ADDRESS _____
I, _____ , license # _____
(Print contractors Name) Contractors license number

Hereby affirm that one of the following methods will be used to meet the requirement of the 2014 Florida Building Code , Section 424.2.17

CHOOSE ONE OF THE FOLLOWING OPTIONS

- THE POOL WILL BE ISOLATED FROM ACCESS TO THE HOME BY AN ENCLOSURE THAT MEETS THE POOL BARRIER REQUIREMENTS OF FLORIDA STATUTE 515.29;
- THE POOL WILL BE EQUIPPED WITH AN APPROVED SAFETY POOL COVER THAT COMPLIES WITH ASTM F1346-91 (STANDARD PERFORMANCE SPECIFICATIONS FOR SAFETY COVERS FOR SWIMMING POOLS, SPAS AND HOT TUBS);
- ALL DOORS AND WINDOWS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL WILL BE EQUIPPED WITH AN EXIT ALARM THAT HAS A MINIMUM SOUND PRESSURE RATING OF 85 DECIBELS AT 10 FEET;
- ALL DOORS PROVIDING DIRECT ACCESS FROM THE HOME TO THE POOL WILL BE EQUIPPED WITH A SELF-CLOSING, SELF-LATCHING DEVICE WITH A RELEASE MECHANISM PLACED NO LOWER THAN 54" ABOVE THE FLOOR OR DECK.
- A SWIMMING POOL ALARM THAT, WHEN PLACED IN A POOL, SOUNDS AN ALARM UPON DETECTION OF AN ACCIDENTAL OR UNAUTHORIZED ENTRANCE INTO THE WATER. SUCH POOL ALARM MUST MEET AND BE INDEPENDENTLY CERTIFIED TO ASTM STANDARD F2208, TITLED "STANDARD SAFETY SPECIFICATION FOR RESIDENTIAL POOL ALARMS," WHICH INCLUDES SURFACE MOTION, PRESSURE, SONAR, LASER, AND INFRARED ALARMS. FOR PURPOSES OF THIS PARAGRAPH, THE TERM "SWIMMING POOL ALARM" DOES NOT INCLUDE ANY SWIMMING PROTECTION ALARM DEVICE DESIGNED FOR INDIVIDUAL USE, SUCH AS AN ALARM ATTACHED TO A CHILD THAT SOUNDS WHEN THE CHILD EXCEEDS A CERTAIN DISTANCE OR BECOMES SUBMERGED IN WATER.

I UNDERSTAND THAT NOT HAVING ONE OF THE ABOVE INSTALLED WILL CONSTITUTE A VIOLATION OF CHAPTER 515 F.S. AND WILL BE CONSIDERED AS COMMITTING A MISDEAMEANOR OF THE SECOND DEGREE, PUNISHABLE BY FINES UP TO \$500.00 AND/OR UP TO 60 DAYS IN JAIL AS ESTABLISHED IN CHAPTER 775, F.S.

CONTRACTOR'S SIGNATURE & DATE

OWNER'S SIGNATURE & DATE

CONTRACTOR'S NAME (PLEASE PRINT)

OWNER'S NAME (PLEASE PRINT)



Fence Acknowledgment for Pool Safety Act

I _____, have applied for a pool permit which the fence surrounding the pool has an existing portion of my neighbors fence. This portion complies with or will be brought into compliance with the pool safety act 515. I do acknowledge that if my neighbor should remove their portion of fence, I will be responsible for replacing it.

Property Owner -Print Name Signature

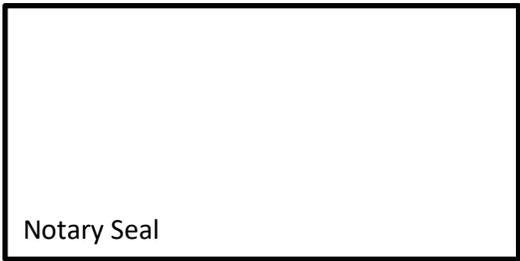
The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by Owner: _____ (Name of person Acknowledging) who is personally known to me,

or who has produced _____ (type of ID) as identification and who did/ did not take an oath.

Notary Public Signature

My Commission Expires



Notary Seal

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: _____
	Present Use: _____		Occupancy Group: _____
	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

Board of Rules and Appeals ~ March 1, 2002
Amended: Effective January 1, 2005
Amended: Effective October 1, 2008

Swimming Pools/Spas: First inspections to be made after excavation and installation of reinforcing steel, bonding and main drain and prior to placing of concrete, gunite or shotcrete. Second inspection(s) of perimeter plumbing, pressure test, deck electrical perimeter bonding and deck structural (includes soil reports as applicable, paver type decks, special perimeter footings or deck features) are to follow after the completion of each phase. Child barrier(exit) alarms (If Applicable), and yard barriers that are part of the fourth wall protection shall be completed and approved inspection prior to swimming pool/spa being filled with water. Final zoning (If Applicable) is to be completed prior to the swimming pool/spa being completed. Electrical final is to be completed prior to the swimming pool/spa being filled with water. Final structural and plumbing is to be completed after the swimming pool/spa is filled with water and the filtration system is in operation.



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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.



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UTILITY COMPANIES

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

<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: 954-423-6108 8601 W. SUNRISE BLVD. PLANTATION, FL. 33323 THERE IS NO E-MAIL ADDRESS</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) FAX: 954-534-7002 2601 SW 145 AVE. MIRAMAR, FL. 33027 leonard_maxwell-newbold@cable.comcast.com</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