



CITY OF COOPER CITY BUILDING DEPARTMENT

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

TENT OR CANOPY FOR SPECIAL EVENTS PERMIT SUBMITTAL CHECKLIST

PLEASE CHECK ONE:

- TENT CANOPY

ALL APPLICANTS **MUST** APPLY FOR A TEMPORARY USE PERMIT APPLICATION THROUGH THE **CITY CLERK'S OFFICE** BEFORE SUBMITTING FOR TENT/CANOPY PERMIT.

- PROVIDE LETTER STATING **PURPOSE** OF THE EVENT INCLUDING **DATE, TIME, LOCATION** AND **ACKNOWLEDGEMENT** THAT THE EVENT ORGANIZOR **WILL CLEAN** THE SITE AT THE CONCLUSION OF THE EVENT.
- PROVIDE A COPY OF THE APPLICATION FOR **SPECIAL EVENT PERMIT** ISSUED BY THE BROWARD SHERIFF'S OFFICE, DEPARTMENT OF FIRE RESCUE AND EMERGENCY SERVICES, FIRE MARSHAL'S BUREAU.
- COMPLETED STRUCTURAL PERMITS APPLICATION AND PROVIDE SIGNED COPY OF CONTRACT.
- COMPLETED ELECTRICAL APPLICATION FOR THE **TEMPORARY POWER POLE**. *(If Applicable)*
- TWO (2)** COPIES OF FINAL SURVEY SHOWING THE LOCATION OF THE PROPOSED TENT OR CANOPY WITH DISTANCE TO ALL PROPERTY LINES.
- TWO (2) COPIES OF TIE DOWN PLAN COMPLYING WITH THE **2017 FBC, HVHZ**.
- TWO (2)** FRAME RETARDANT CERTIFICATES PLUS SWATCH OF FABRIC.
- TWO (2)** COPIES OF LETTER FROM PROPERTY OWNER GIVING PERMISSION TO USE THE PROPERTY.
- TWO (2)** COPIES OF OWNER BUILDER AFFIDAVIT. *(If Applicable)*
- TWO (2) COPIES OF THIS CHECKLIST.
- MUST PROVIDE PORTABLE TOILETS IF NONE ARE AVAILABLE WITHIN 250 FEET. IF TOILETS ARE AVAILABLE WITHING 250 FEET OF TENT / CANOPY, A LETTER OF PERMISSION FOR USAGE MUST BE PROVIDED FROM PROPERTY OWNER/TENANT.

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.