



City of Pembroke Pines
 601 City Center Way
 Pembroke Pines, Florida 33025
 Tel # 954-435-6502 | Fax # 954-435-6749



TRANSMITTAL LETTER

Received Via Hand delivery Drop Box Email Other

Permit Number:	Application Number:		Date:
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Contact Name: Number:	Email Address:
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I Hereby Certify that all Documents and Plans Submitted Today is a complete set(s)
Signature:

WE ARE SUBMITTING (CHECK <input type="checkbox"/>) * Associated with a fee		
<input type="checkbox"/> New Submittal *	<input type="checkbox"/> Architectural Review \$396.44 *	Revision * <input type="checkbox"/> \$123.66 (Per Discipline) <input type="checkbox"/> \$33.05 SFR (Per Discipline)
<input type="checkbox"/> Corrections	<input type="checkbox"/> CO/CC Documents <input type="checkbox"/> Permit Extension*	
<input type="checkbox"/> Change of Contractor *	<input type="checkbox"/> Early Start Request*	

Shop Drawings: *	Permit Applications:
<input type="checkbox"/> Product Approvals <input type="checkbox"/> Trusses	<input type="checkbox"/> Structural <input type="checkbox"/> Mechanical
<input type="checkbox"/> Structural Steel <input type="checkbox"/> Precast Concrete	<input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing
<input type="checkbox"/> Other (List Below) <input type="checkbox"/> Railings	<input type="checkbox"/> Other

<input type="checkbox"/> Spot/ Final Survey	<input type="checkbox"/> Special Inspector Form/Report	<input type="checkbox"/> Energy Calculations
<input type="checkbox"/> Elevation Cert.	<input type="checkbox"/> Special Inspector Report	<input type="checkbox"/> Soil Density/ Report
<input type="checkbox"/> NOC	<input type="checkbox"/> Easement Hold Harmless	<input type="checkbox"/> Outside Agency
<input type="checkbox"/> HOA Affidavit	<input type="checkbox"/> Association Approval Letter	
<input type="checkbox"/> Other (List Below)	<input type="checkbox"/> Test & Balance <input type="checkbox"/> Termite Spray/Final	

For Review By: (check all applicable)

<input type="checkbox"/> Structural	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Fire	<input type="checkbox"/> Zoning	<input type="checkbox"/> Engineer	

List Each Doc/Plan Sheet Submitting example: A-1, S-1

Received By:	Date:
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