



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:

Contact Name:	Email Address:
Phone Number:	

I Herby 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	Revision *
<input type="checkbox"/> New Submittal *	<input type="checkbox"/> Architectural Review \$397.76 *	<input type="checkbox"/> \$124.07 (Per Discipline)
<input type="checkbox"/> Corrections	<input type="checkbox"/> CO/CC Documents	<input type="checkbox"/> \$33.16 Owner Builder
<input type="checkbox"/> Change of Contractor *	<input type="checkbox"/> Permit Extension*	<input type="checkbox"/> SFR (Per Discipline)
	<input type="checkbox"/> Early Start Request*	

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

<input type="checkbox"/> Spot/ Final Survey	<input type="checkbox"/> Special Inspector Form	<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"/> SRRA (Asbestos Form)
<input type="checkbox"/> HOA Affidavit	<input type="checkbox"/> Association Approval Letter	<input type="checkbox"/> Uniform Roofing Ap
<input type="checkbox"/> Other (List Below)	<input type="checkbox"/> Test & Balance	<input type="checkbox"/> Uniform Window Ap
	<input type="checkbox"/> Termite Initial/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"/> Engineering	

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

Received By:	Date:
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