



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:
Number:

Email Address:

I Herby Certify that all Documents and Plans Submitted Today is a complete set(s)

Signature:

WE ARE SUBMITTING (CHECK)

* Associated with a fee

Revision *

New Submittal *

Architectural Review \$396.44 *

\$123.66 (Per Discipline)

Corrections

CO/CC Documents

Permit Extension*

\$33.05 Owner Builder

Change of Contractor *

Early Start Request*

SFR (Per Discipline)

Shop Drawings: *

Fire Protect/Alarm

Permit Applications:

Product Approvals

Trusses

Structural

Mechanical

Structural Steel

Precast Concrete

Electrical

Plumbing

Other (List Below)

Railings

Other

Fire

Spot/ Final Survey

Special Inspector Form

Energy Calculations

Elevation Cert.

Special Inspector Report

Soil Density/ Report

NOC

Easement Hold Harmless

SRRA (Asbestos Form)

HOA Affidavit

Association Approval Letter

Uniform Roofing Ap

Other (List Below)

Test & Balance

Termite Initial/Final

Uniform Window Ap

For Review By: (check all applicable)

Structural

Mechanical

Electrical

Plumbing

Fire

Zoning

Engineer

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

Received By:

Date:



Residential Swimming Pool Safety Act

Notice of Requirements

I (We) acknowledge that a new swimming pool, spa or hot tub will be constructed or installed at

_____ and hereby affirm that one of the following will be used to meet the
(Please Print Job Address)
requirements of Chapter 515, 2012 Florida Statutes and Florida Building Code, Section 454.2.17

Please check the methods to be used for your pool or spa

_____ The pool will be equipped with an approved **safety pool cover** that complies with the American Society for Testing Materials (ASTM) standard F1346-91 (**Submit Manufacturer's Specifications**)

_____ A continuous one-piece (child) barrier meeting the requirements of Florida Building Code, Section 454.2.17 will protect the pool perimeter. The plans shall show the fence location and method of attachment, including one end that shall not be removable without the aid of tools (**Submit Manufacturer's Specifications**).

_____ A combination of **non-dwelling walls and fences** (screen enclosure, child fence, masonry fence walls, chain link or wood fence, etc.) will protect the pool perimeter. The plans must specify the type and location of all non-dwelling walls.

_____ Any combination of protection which incorporates **dwelling walls** with openings directly into the pool perimeter and **all windows and doors must be equipped with exit alarms complying with Florida Building Code, Section R4501.17.1.9 (Submit Manufacturer's Specifications)**.

_____ Any combination of protection which incorporates **dwelling walls** with openings directly into the pool perimeter and **all doors will be equipped with a self-latching with positive mechanical latching/locking installed a minimum 54" above the threshold**. If this option is selected, submit plans showing all types and locations of all perimeter protection. The plans must also show the location and type of all openings and the hardware type for each location (**Submit Manufacturer's Specifications**).

In accordance with the Code, a final inspection of the pool project will not be approved without compliance with the Private Swimming Pool Safety Requirements and upon expiration of the permit, the pool shall be presumed unsafe.

I understand that not having one of the above installed will constitute a violation of Chapter 515, 2012 Florida Statutes, and will be considered as committing a misdemeanor of the second degree, punishable as provided in Chapter 775, Florida Statutes.

THE POOL SHALL NOT BE FILLED WITH WATER UNTIL THE FINAL ELECTRICAL AND POOL BARRIER INSPECTIONS HAVE PASSED, FLORIDA BUILDING CODE, SECTION 454.2.19

This form must be signed by BOTH the owner/agent and the prime contractor

X _____
Signature of Property Owner or Agent

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

X _____
Signature of Prime Contractor

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____
(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____



City of Pembroke Pines
Building Division
601 City Center Way, Pembroke Pines, Florida
33025 Tel: (954) 435-6502 / Fax: (954) 435-6749

UTILITY EASEMENT HOLD HARMLESS AGREEMENT

NAME: _____

IT IS THE RESPONSIBILITY OF THE OWNER TO CONTACT ALL UTILITY COMPANIES AS TO THE LOCATION OF UTILITY LINES IN EASEMENTS. THE OWNER SHALL ALLOW ACCESS AND BEAR THE COST OF MOVING STRUCTURES WHEN THOSE WITH RIGHTS TO AN EASEMENT NEED ACCESS.

THE CITY OF PEMBROKE PINES SHALL NOT BE HELD RESPONSIBLE FOR ANY BREAKAGE OF LINES.

 PERMIT # _____ ADDRESS: _____

ALSO KNOWN AS:

LOT _____ BLOCK _____ SUBDIVISION _____

 SIGNATURE OF OWNER

 State of)
 County of)

Sworn to and subscribed before me this _____ day of _____,
 by _____, who is personally known to me or who produced
 _____ as identification.

My commission expires _____

 Notary Public



Affidavit of Awareness of Homeowners' Association Regulation

OWNER – Please provide a brief description of work: _____

For office use ONLY – Job Type: _____

(Please Check One)

I, _____, acknowledge that I am a resident of a homeowners' association ("HOA"), and that as a resident of the HOA I may be subject to additional building, landscaping or other regulations. I further understand that the issuance of a building permit by the City of Pembroke Pines, Florida does not exempt me from any and all other regulations imposed by my HOA. By Ord.1586, the Building Department will notify the association of the approval of the permitted work.

I, _____, am not a resident of a homeowners' association.

Job Address

Name of Homeowners' Association (HOA)

Job City, State & Zip Code

Mailing Address of HOA

Owner's Name

HOA City, State & Zip Code

Owner's Signature

Date: _____

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me

this _____ day of _____, 20_____

By: _____

(SEAL) _____

Type of Identification Produced _____



City of Pembroke Pines

601 City Center Way 2nd Floor, Pembroke Pines, FL 33026 | Tel#954-435-6502 | Fax#954-435-6749

Credit Card Authorization Form

Please Provide the information listed below and submit to the Building Department

Permit or Process Number _____ Job Address _____

Cardholder Name (As it appears on the card) _____

Company Name _____

Type of Credit Card MasterCard Visa American Express Discover

Credit Card Number _____

CVM Security Code _____ Expiration Date _____

Billing Address _____
Street

_____ City State Zip Code

Phone # _____ Fax # _____

I hereby certify that the information provided is true and I authorize Calvin Giordano, & Associates to charge my credit card. By signing below, I understand that my signature on this form will serve as the authorized signature on the credit card and agree to pay the fees that are due.

Cardholder's Signature _____ Date _____



Calvin, Giordano & Associates, Inc.
EXCEPTIONAL SOLUTIONS

Acceptable forms of payment include debit/credit card, check, or money order.
Please make all checks/money orders payable to CGA.

CITY OF PEMBROKE PINES
Planning and Economic Development Department

AFFIDAVIT OF LANDSCAPE COMPLIANCE FOR IMPROVEMENTS ON RESIDENTIAL LOTS
(Driveways, Swimming Pools, Additions, Accessory Structures, etc.)

Folio Number: _____ **Building Application Number:** _____

I, _____, do hereby acknowledge that my application for _____ only address that subject matter and does not alleviate any obligation to adhere any other applicable ordinance, law, statute, regulation, or provision of the City Code, including Chapter 153, entitled "Landscaping." This includes but is not limited to any amount of landscape material required by the Planned Unit Development ("PUD") where my property is located or any applicable Homeowner's Association requirement, rule, or regulation.

A separate permit for the removal or relocation of any of tree must be obtained prior to the removal or relocation of the tree. I understand that I must obtain this permit as the homeowner.

I, _____, as owner of the subject property, acknowledge that I have read this document and understand based upon the plan review of this permit, I may be required to replace the tree(s) affected by this project. I further acknowledge that in order to comply with the City's Code of Ordinances, I may be required to add a tree or trees based upon a zoning inspection of existing conditions during permit reviews.

Date: _____ Signature: _____
Address: _____ Print Name: _____
Telephone: _____ Title: _____

STATE OF FLORIDA : _____

SWORN TO AND SUBSCRIBED before me, a Notary Public for the State and County aforesaid, on this _____ Day of _____, 20_____.

Notary Public

My Commission Expires on _____