



CITY OF COOPER CITY
COMMUNITY DEVELOPMENT DEPARTMENT/BUILDING DIVISION
WINDOW & DOOR PERMIT CHECKLIST

9090 SW 50 PLACE
COOPER CITY, FL 33328
(954) 434-4300

REQUIRED DOCUMENTATION:

- ☐ COMPLETED AND NOTARIZED BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION.
- ☐ PROVIDE COPY OF MIAMI-DADE NOTICE OF ACCEPTANCE (**NOA**) OR STATE OF FLORIDA PRODUCT APPROVAL FOR ALL COMPONENTS.

To obtain the required design pressure for specific opening at a specific site, an individual must utilize one of the following and submit documentation as indicated:

- ☐ A SITE SPECIFIC PLAN SIGNED AND SEALED BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT, INDICATING THE LOCATION OF ALL OPENINGS AND THE DESIGN.
- ☐ A SITE SPECIFIC PLAN (**Not signed and sealed**) INDICATING THE LOCATION OF ALL RETRO OPENINGS ACCOMPANIED BY A **WORST CASE** DESIGN PRESSURE CHART **SIGNED AND SEALED** BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT.
- ☐ A SITE SPECIFIC PLAN (**Not signed and sealed**) INDICATING THE LOCATION OF THE OPENINGS AND DESIGN PRESSURES BASED ON THE BROWARD COUNTY FENESTRATION VOLUNTARY WIND LOAD CHART FBC 2023 8TH EDITION. SEE ATTACHED.
- ☐ **BUILDING WITH A (height) > 30 FEET OR MORE SHALL HAVE A SITE-SPECIFIC DESIGN (*Signed and sealed*) BY A FLORIDA PROFESSIONAL ENGINEER OR ARCHITECT, INDICATING THE LOCATION OF ALL RETRO OPENINGS AND THE REQUIRED DESIGN PRESSURES FOR EACH OPENING.**

OTHER REQUIREMENTS:

- ☐ OWNER BUILDER AFFIDAVIT (*If applicable*)
- ☐ NOTICE OF COMMENCEMENT (***Certified Copy or Electronic Copy***) (STATEMENT OF FLORIDA EFFECTIVE JANUARY 1, 1991 REQUIRES A NOTICE OF COMMENCEMENT WITH THE FAIR MARKET OF \$5,000 OR GREATER)
- ☐ WINDOWS AND DOORS MUST BE IMPACT RESISTANT UNLESS SHUTTERED.
- ☐ WINDOWS IN BEDROOMS MUST MEET EMERGENCY EGRESS REQUIREMENTS AS PER **FRC-310 (*New Construction/addition*)**

PLEASE BE ADVISED THAT THE CITY OF COOPER CITY BUILDING DIVISON REQUIRES THIS QUESTIONNAIRE TO BE INCLUDED WITH YOUR REQUEST FOR PERMIT APPROVAL OF ALL RESIDENTIAL WINDOWS AND DOORS.



CITY OF COOPER CITY
COMMUNITY DEVELOPMENT DEPARTMENT/BUILDING DIVISION
PROCEDURES FOR WINDOW & DOOR INSPECTIONS

9090 SW 50 PLACE
COOPER CITY, FL 33328
(954)434-4300

PROCEDURES FOR WINDOW AND DOOR INSPECTIONS

ONLY TO BE SIGNED BY CONTRACTOR OR OWNER IF ISOWNER/BUILDER

These Procedures Have Been Put In Place In An Effort To Expedite These Inspections Thus Lessening The Time And Inconvenience To The Homeowner and Contractor.

The Homeowner or Their Representative Must Be Present For Inspection. Preferably the Installer Should Be Present.

1. Permit Card And Product Approvals Are To Be Made Readily Available At The Site.
2. Pets Are To Be Secured For The Safety Of All Present.
3. Interior Openings Shall Be Clear And Accessible. Please No Furnishings, Toys Or Window Sill Artifacts Etc.
4. All Window And Door Treatments Shall Be Drawn Or Removed To Expedite Inspection.
5. It Is The Responsibility Of The Permit Holder To Supply Ladders Where Needed To Perform The Inspections.
6. Where Photos Are Necessary They Shall Be Developed Copies And Labeled By Opening Number To Match The Window And Door Review Form. Photos Shall Represent Identifying Areas To Verify The Opening Location. **Photos On A Phone Or Other Device Are Not Acceptable.**

IN AN EFFORT TO SAVE TIME AND REDUCE PHONE CALLS FOR THE CONTRACTOR, HOMEOWNER, AND INSPECTION DEPARTMENT PLEASE USE THE INSPECTION REQUEST COMMENT SECTION WHEN SCHEDULING YOUR ONLINE INSPECTION TO REQUEST MORNING OR AFTERNOON INSPECTIONS.

ONLY TO BE SIGNED BY CONTRACTOR OR OWNER IF ISOWNER/BUILDER

Thank You for Your Cooperation.

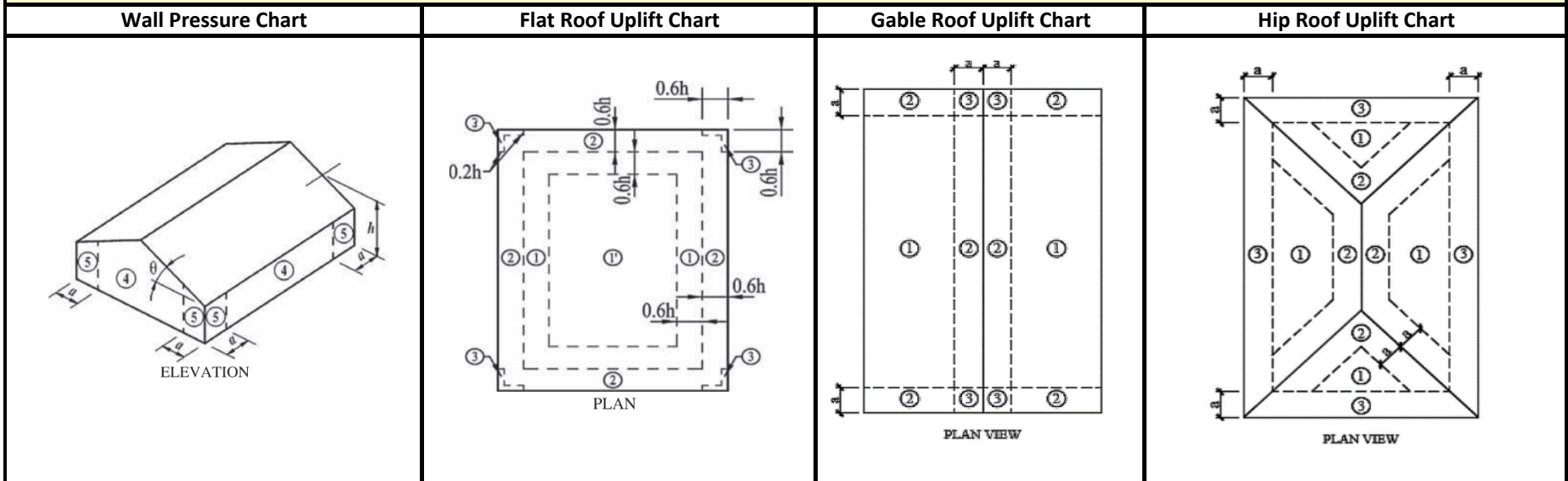
PROPERTY ADDRESS: _____

ACKNOWLEDGEMENT SIGNATURE: _____

DATE: _____

ASCE 7-22

Roof and Wall Zone Chart Diagrams



Instructions on how to use these Charts: Determine Mean Roof Height, h , which is top of roof for flat roofs or the mean roof height for pitched roofs. Find your least horizontal dimension for your building, not including a overhang if it occurs. Calculate the value of, a , = 10% of least horizontal dimension or $0.4 \cdot h$, whichever is smaller, but not less than either 4% of least horizontal dimension or 3 feet. If your roof height is less than 30 feet, but not exactly 15, 20, or 25 feet, you will need to go to the next higher roof height. If your Mean Roof Height is higher than 30 feet, these charts do not apply. Review the diagram which illustrate the wall and roof zones and determine the wind zone in which the component is located. Determine the tributary area of the component. If the tributary area falls in between values, use the value of the smaller tributary area. Select the positive and negative wind pressures corresponding to the wall or roof zone where your component is located. Door pressures shown are for the most common door sizes and are worst case for heights ≤ 30 Feet.

Wall Pressure For All Roof Types												Garage/Door Pressures				
Mean Roof Height	15 Ft						20 Ft						<= 30 Ft			
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	Effective Wind Area		Positive	Negative
Wall Positive Pressure	38.1	36.3	35.0	34.1	32.4	28.4	40.4	38.5	37.1	36.1	34.3	30.1	Width	Height		
Zone 4 Negative Pressure	-41.4	-39.6	-38.2	-37.3	-35.6	-31.6	-43.8	-42.0	-40.5	-39.6	-37.7	-33.5	8	8	38.6	-48.2
Zone 5 Negative Pressure	-51.0	-47.5	-44.8	-43.0	-39.6	-31.6	-54.0	-50.4	-47.5	-45.6	-42.0	-33.5	10	10	37.4	-45.7
Mean Roof Height	25 Ft						30 Ft						14	14	35.4	-41.8
Tributary Area	10	20	35	50	100	500	10	20	35	50	100	500	9	7	38.7	-48.3
Wall Positive Pressure	42.2	40.3	38.8	37.8	35.9	31.5	43.9	41.9	40.3	39.3	37.3	32.8	16	7	37.0	-45.0
Zone 4 Negative Pressure	-45.8	-43.9	-42.4	-41.4	-39.5	-35.1	-47.6	-45.7	-44.1	-43.1	-41.1	-36.5	3	7	41.8	-54.6
Zone 5 Negative Pressure	-56.6	-52.8	-49.7	-47.8	-43.9	-35.1	-58.8	-54.7	-51.7	-49.6	-45.7	-36.5	6	7	39.8	-50.6

NAME:_____

SITE ADDRESS:_____

CONTACT #:_____

1	2	3		4		5		6		7		8		9		10	
OPENING LOCATION ID	PRODUCT ACCEPTANCE NUMBER	PRODUCT APPROVAL PRESSURE RATING		REQUIRED DESIGN PRESSURE		OPENING SIZES		ZONE LOCATION		Impact Glazing		OPENING HAS EXISTING SHUTTERS		NEW SHUTTERS REQUIRED		MULLION TUBES REQUIRED	
		(+) PSF	(-) PSF	(+) PSF	(-) PSF	WIDTH X HEIGHT IN INCHES	AREA IN SQ FEET	4 INTER	5 END	YES	NO	YES	NO	YES	NO	YES	NO
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											
						X											

IDENTIFY OPENINGS ALPHABETICALLY OR NUMERICALLY ON ELEVATION SHEETS.

IDENTIFY VERTICALLY STACKED GLASS IN THE SAME OPENINGS FROM BOTTOM TO TOP WITH SUB NUMBERS (Example: A, A1, A2, ETC.).