CORAL

Early Start Request Application

BUILDING DEPARTMENT

Revision Date: 10/1/2023 Form I.D. Number: **019.0**

PURPOSE

The City of Coral Springs Building Department has implemented an Early Start Request Program to provide an opportunity for construction work to begin while the application for building permit(s) is being reviewed.

Please Note: An Early Start request will only be approved if there is delay in the approval of plans and/or specifications or other similar special circumstances and only after the completion of the first round of reviews.

AUTHORITY

Section 105.12 of the Broward County Administrative Provisions to the Florida Building Code 7th Edition (2020) allows limited work to start before a building permit is issued. This code section allows certain work to commence up to the point an inspection would be required. In other words, a contractor is not allowed to continue work beyond the point of a required inspection without an official permit. Any work completed prior to the permit issuance is entirely at the risk of the permit applicant.

SUBMITTAL PRE-REQUISITES

- All required building permit applications and corresponding plans must have been submitted to the Building Department.
- Building permit applications and plans must have been approved by both
 Planning & Zoning and Engineering Divisions (if applicable).
- Required demolition permits and inspections must be obtained and approved.

SUBMITTAL REQUIREMENTS

- Early Start Request Application may be submitted in person at the Building Department One Stop Shop or by email at <u>buildingpermits@coralsprings.gov</u> <u>and must be</u> accompanied by a completed Credit Card Authorization Form.
- □ \$58.51 fee charged upon approval of application.
- Completed application signed by both property owner (or owner's agent) <u>and</u>
 the Qualifier.
- Broward County Asbestos Certificate of Submittal



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Please complete this application to apply for an Early Start Request. Make sure all contractor information is complete, including what specific work will be performed, for all contractors working under the Early Start Request.

PROJECT INFORMATION	Permit Number:		
Name of Project:			
Job Address:			
Scope of Work: New Const	ruction Alteration		
CONTRACTOR INFORMATION	Is this a change of Use / Occupancy?	Yes	No
Description of Early STRUCTURAL Work:			
Name			
Address	City	State	Zip
Phone	E-mail		
Contact Name	Contact Phone		
Description of Early ELECTRICAL Work: _			
Name	License # (State / BC COC)		
Address	City	State	Zip
Phone	E-mail		
Contact Name	Contact Phone		
Description of Early Plumbing Work:			
Name			
Address	City	State	Zip
Phone	E-mail		
Contact Name	Contact Phone		
Description of Early Mechanical Work:			
Name	License # (State / BC COC)		
Address	City	State	Zip
Phone	E-mail		
Contact Name	Contact Phone		
	r the Early Start Request must be registered current liability insurance and worker's comp		•
	Application Requirements Verified By		
USE ONLY: License and Insurance Cu	rrent? Yes No Checked By	Date:	



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APPLICANT ADDRESS:	
O: Alex Hernandez - Chief Building Official City of Coral Springs - Building Department 1500 W. Sample Road Coral Springs, FL. 33065	
e: Building Permit Application #	Job Address:
he issuance of the permit. This request is be County Administrative Amendments to the	equest to allow work to commence for the above referenced location prior ting made pursuant to, and in accordance with the provisions of the Browar Florida Building Code, effective December 31, 2020, Section 105.12, whice work beginning before the issuance of a building permit if there is a delays or other similar special circumstances.
building permit application and plan may be	ritten approval of the Building Official, "the scope of work delineated in the started prior to the final approval and issuance of the permit, provided an applicant and the work does not proceed past the first required inspection."
and in accordance with the Florida Building the proposed scope of work. We, the und approval of this request, we, the undersigned the City of Coral Springs, it's elected officials, and/or attorney's fees that may result from the	Il be performed as represented on the plans submitted with the application Code. It is understood that the Florida Building Code may require changes to dersigned, collectively and individually, accept that risk. In consideration for all collectively and individually, agree to indemnify, hold harmless, and defendent places, and from any and all legal actions or damages, claims, costs, losse the approval of this request to allow work to commence prior to the issuance of this page.
a permit. The City shall have the right to selec	-
We understand the risks and responsibilities as	sociated with this request and appreciate your consideration in this matter.
Ve understand the risks and responsibilities as incerely yours,	-
Ve understand the risks and responsibilities as incerely yours,	sociated with this request and appreciate your consideration in this matter.
Ve understand the risks and responsibilities as incerely yours, ignature of Qualifier Printed Name of Qualifier and License #	sociated with this request and appreciate your consideration in this matter. Date Signature of Property Owner or Agent / Tenant Date Printed Name of Owner/Tenant STATE OF FLORIDA – COUNTY OF BROWARD
We understand the risks and responsibilities as incerely yours, ignature of Qualifier Printed Name of Qualifier and License # STATE OF FLORIDA – COUNTY OF BROWARD worn to (or affirmed) and subscribed before	Date Signature of Property Owner or Agent / Tenant Date Printed Name of Owner/Tenant STATE OF FLORIDA – COUNTY OF BROWARD Sworn to (or affirmed) and subscribed before me this
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Credit Card Authorization Form

BUILDING DEPARTMENT

Revision Date: 10/1/2022 Form I.D. Number: 026.0

~ PLEASE MAKE COPIES FOR FUTURE USE ~

Visa or MasterCard Only

buildingpermits@coralsprings.gov

Cardholder Name (As it	appears on t	he card)			
Company Name					
Type of Credit Card	Visa	MasterCard	3 Digit Security C	ode	
Credit Card Number			Exp. Date		
Cardholder Address			City		
Work Phone			City	State Zip	
	E-mail				
Print Cardholder's Name					
the Building Department. Saccount, I will make every authorization, I acknowledge Cardholder's Signature	attempt to re	esolve the issue direc	tly with the Building Dep y for the above reference	artment. By signing this	
Permit Number (Required	, if assigned)				
Job Description					
Job Address					
Re-inspection Fee Type of inspection			Re-inspection Date(optional)		
Expired Permit Re			Expedited Plan Review \$		
Open/Expired Pe	rmit Reque	st \$	Early Start Request \$		
Overtime Inspect	ion Reques	st \$	Requested Date:		
Other (Specify)				\$	