

**INSTALLATION REQUIREMENTS FOR WOOD FENCES
AS PER THE FLORIDA BUILDING CODE**

FINAL INSPECTION:

To be made after installation and completion of all elements of construction.

The following items will be reviewed at final inspection:

- Wood fences shall be constructed of decay and termite-resistant material as specified in Section 2304.11, 2304.11.1, 2304.11.2, and 2304.11.4.1 of the Florida Building Code
- Wood fences shall be designed according to the loads as specified in Section 1616.2.1 and 2328 of the Florida Building Code
- Wood fences not exceeding six feet in height may be constructed to meet the following minimum requirements:
 1. Vertical post of nominal 4 x 4 to be spaced according to height of fence. (See detail below)
 2. Post shall be embedded 2'0" into a concrete footing 10" in diameter and 2'0" deep, Section 2328.2
 3. Horizontal framing shall consist of a minimum of 3 horizontal rails of nominal 2 x 4 material and shall be fastened according to Section 2324.3 of the Florida Building Code. Fences 4' or less will only require 2 horizontal rails.
 4. All fasteners shall be corrosion resistant as per Section 2324.2 of the Florida Building Code.

Land Development Code

As per Section 250128, all wooden fences shall have the recognizable finished side facing adjacent properties and right-of-ways.



Custom Wood



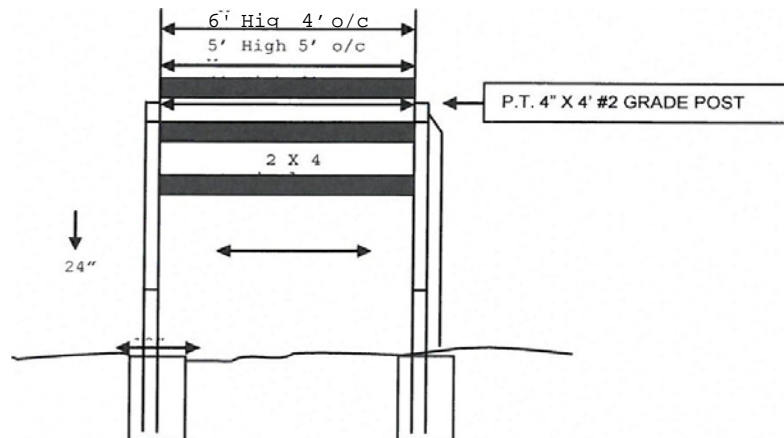
Spaced Picket



Shadowbox



Lattice Top



**SECTION 2224
HIGH VELOCITY HURRICANE ZONES – CHAIN LINK FENCES**

§2224.1 Chain link fences in excess of 12 feet (3.7 m) in height shall be designed according to the loads specified in Chapter 16 (High Velocity Hurricane Zones).

§2224.2 Chain link fences less than 12 feet (3.7 m) in height shall be designed according to the loads specified in Chapter 16 (High Velocity Hurricane Zones) or may be constructed to meet the minimum requirements specified in Table 2224.

**TABLE 2224
CHAIN LINK FENCE MINIMUM REQUIREMENTS**

Fence Height (in Feet)	Terminal Post	Line Post	Terminal Post Concrete Foundation Size	Line Post Concrete Foundation Size
	Dimensions (in Inches) (o.d. x wall thickness)	Dimensions (o.d. x wall thickness) (in Inches)	(Diameter x Depth) (in Inches)	(Diameter x Depth) (in Inches)
Up to 4	2-3/8 x 0.042	1-5/8 x 0 .047	10 x 24	8 x 24
Over 4 to 5	2-3/8 x 0.042	1-7/8 x 0.055	10 x 24	8 x 24
Over 5 to 6	2-3/8 x 0.042	1-7/8 x 0 .065	10 x 24	8 x 24
Over 6 to 8	2-3/8 x 0 .110	2-3/8 x 0.095	10 x 36	10 x 36
Over 8 to 10	2-7/8 x 0. 110	2-3/8 x 0.130	12 x 40	10 x 40
Over 10 to 12	2-7/8 x 0.160	2-7/8 x 0 .120	12 x 42	12 x 42

ForSI: 1 inch = 25.4mm.

NOTES:

1. This Table is applicable only to fences with unrestricted airflow.
2. Fabric: 12-1/2 gage minimum.
3. Tension Bands: Use one less than the height of the fence in feet evenly spaced.
4. Fabric Ties: Must be minimum the same gage of the fabric.
5. Fabric Tie Spacing on the Top Rail: Five ties between posts, evenly spaced.
6. Fabric Tie Spacing on Line Posts: One less than height of the fence in feet, evenly spaced.
7. Either top rail or top tension wire shall be used.
8. Braces must be used at Terminal Posts if top tension wire is used instead of Top Rail.
9. Post Spacing: 10 foot (3 m) on center maximum.
10. Posts shall be embedded to within 6 inch (152 mm) from the bottom of the foundation.
11. In order to follow the contour of the land, the bottom of the fence may clear the contour of the ground by up to 5 inch (127 mm) without increasing table values to the next higher limit.

Other types of fences, (Aluminum, P.V.C., Chain Link with restricted air flow, etc...) must be DESIGNED to meet the Florida Building Code.



PROCEDURE FOR APPLYING FOR A PERMIT IN A UTILITY EASEMENT

CALL 811 FORTY-EIGHT (48) HOURS BEFORE YOU DIG FOR UTILITY LOCATIONS.

IT'S THE LAW IN FLORIDA:

CALL BEFORE YOU DIG: Dial 811, or go to: <http://www.sunshine811.com/>

1. Call or fax the following franchised utilities and request a marked location of their lines where you intend to excavate in the easement. Please include your fax number.

AT&T COMMUNICATION

Phone: (954) 723-2401

Fax*: (954) 423-6108

8601 West Sunrise Blvd.

Plantation, FL 33322

* Survey Required when faxing

BLUE STREAM

Phone: 954-753-0100

Fax: 954-753-9866, or E-Mail:

EasementAgreements@MyBlueStream.com

12409 N.W. 35th Street

Coral Springs, FL 33065

<https://mybluestream.com/contact-us>

FLORIDA POWER & LIGHT

Phone: (954) 956-2014

Fax: (954) 956-2020

330 SW 12th Avenue

Pompano Beach, Florida 33069

*Survey Required when faxing

(NO "WALK-THROUGHS")

2. If your water and sewer supplier is the **CORAL SPRINGS IMPROVEMENT DISTRICT** or the **NORTH SPRINGS IMPROVEMENT DISTRICT**, call for a marked location of their lines at (954) 753-0380. (10300 NW 11 Manor, Coral Springs, Florida 33071)
3. If your water and sewer supplier is Pine Tree Water Control ROYAL UTILITIES, call (954) 344-9106 for locations. (8900 N.W.44 Court, Coral Springs, Florida 33065)
4. Apply to the City's Building Division for permit. Proposed improvements should not be constructed over marked locations.
5. Execute the attached easement agreement(s) with the appropriate utility company(ies), and submit with permit application.

*****Issuance of a building permit by the City of Coral Springs does not guarantee that the work permitted is allowed by your homeowners' association. You are responsible for obtaining their approval separately.*****

CITY OF CORAL SPRINGS, FLORIDA • DEVELOPMENT SERVICES • BUILDING DIVISION

2730 N. University Drive • Coral Springs, FL 33065 • CoralSprings.org/building

Phone 954-344- 1025 • Fax 954-344-5909

EASEMENT AGREEMENT

NAME OF UTILITY CO: _____

ADDRESS: _____

CITY: _____

Gentlemen:

I, _____, have applied for a building permit to erect a _____,
(Print Name)

in the utility easement on my property at Lot ____, Block, _____, Subdivision _____,
in the City of Coral Springs. A brief description of the location and type of construction of the
proposed structure is:

I understand that your company is not responsible for repairs to, or replacement of, any
Portion of the structure, and that any removal or replacement of the structure necessary for
use of the easement will be done at my expense. I further understand that I will assume full
responsibility for any damage incurred to the utility facilities during construction. This is to
certify that I am the owner of subject property and I agree to the proposed construction as
described above.

Signature of Owner/Date: _____

Address: _____

Owner Fax Number: _____

NAME OF UTILITY CO.: _____

REPRESENTATIVE Print Name/Title: _____

Signature/Date _____

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: Building Electrical Plumbing Mechanical Other _____

Application Number: _____

Application Date: _____

	Job Address:	Unit:	City:
	Tax Folio No.:	Flood Zn:	BFE: Floor Area: Job Value:
	Building Use:	Construction Type:	Occupancy Group:
1	Present Use:	Proposed Used:	
	Description of Work:		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other:		
	Legal Description:		<input type="checkbox"/> Attachment
2	Property Owner:	Phone:	Email:
	Owner's Address:	City:	State: Zip:
	Contracting Co.:	Phone:	Email:
3	Company Address:	City:	State: Zip:
	Qualifier's Name:	Owner-Builder: <input type="checkbox"/>	License Number:
	Architect/Engineer's Name:	Phone:	Email:
	Architect/Engineer's Address:	City:	State: Zip:
	Bonding Company:		
4	Bonding Company Address:	City:	State: Zip:
	Fee Simple Titleholder's name (If other than owner):		
	Fee Simple Titleholder's Address (If other than owner):		
	Mortgage Lender's Name:		
	Mortgage Lender's Address:		

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

STATE OF FLORIDA
COUNTY OF BROWARD

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

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

(Type / Print Property Owner or Agent Name)

(Type / Print Qualifier's Name)

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

NOTARY'S SIGNATURE as to Qualifier's Signature

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

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

Personally Known _____ or Produced Identification _____

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code In Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.
Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

CITY OF CORAL SPRINGS
BUILDING PERMIT APPLICATION ZONING ADDENDUM

JOB ADDRESS: _____

APPLICATION/ PERMIT #: _____

CONTACT PERSON: _____ PHONE: _____

FENCE PERMIT DETAILS

FENCE TYPE

- VINYL CHAIN LINK
- PVC SEMI - PRIVATE ONLY (SHADOWBOX STYLE, OR BOARD - ON - BOARD WITH ONE - FOOT LATTICE ON TOP)
- WOOD SEMI - PRIVATE ONLY (SHADOWBOX STYLE, OR BOARD - ON - BOARD WITH ONE - FOOT LATTICE ON TOP)
- ALUMINUM RAIL

ADDITIONAL ITEMS NEEDED FOR FENCE PERMIT

- LANDSCAPE AFFIDAVIT (not required if owner/builder)
- DRAINAGE EASEMENT AGREEMENT (IF APPLICABLE)
- EASEMENT AGREEMENTS (AT&T, FPL, Advanced Cable, TECO)
- OTHER: _____

COMMERCIAL TREE REMOVAL PERMIT INFORMATION

ITEMS NEEDED FOR COMMERCIAL TREE REMOVAL

- (2) TREE SURVEYS (SHOWING TREES TO BE REMOVED)
- (2) LANDSCAPE PLANS (SHOWING TREE MITIGATION)

RE-ROOF PERMIT DETAILS

BUILDING TYPE

- DUPLEX (CONTINUOUS ROOF)
- DUPLEX (SEMI - ATTACHED BUILDINGS)
- SINGLE FAMILY
- MULTI- FAMILY
- COMMERCIAL
- INDUSTRIAL

ROOF MATERIALS

- PRODUCT MANUFACTURER: _____
- COLOR NAME: _____
- CEMENT/ CLAY TILE (FLAT)
- CEMENT /CLAY TILE (S-TYPE OR BARREL)
- SPLIT CEDAR SHAKES
- SLATE
- OTHER: _____

SIGN PERMIT DETAILS

SIGN TYPE

- WALL SIGN
 - STANDARD
 - DESIGNER (DEFINED IN SECTION 1802 OF LAND DEVELOPMENT CODE) (ZONING PRE - APPROVAL NEEDED)
- MONUMENT SIGN
- DIRECTIONAL SIGN

SIGN VERBIAGE: _____

SQUARE FEET: _____

DIMENSIONS: _____

DIRECTION SIGN FACES: _____

BUSINESS TAX ID#: _____

ILLUMINATED

- YES
- NO

ADDITIONAL ITEMS NECESSARY FOR SIGN PERMITS

- SITE PLAN OR LOCATION MAP OF TENANT SPACE
- BUILDING ELEVATION SHOWING ADJACENT TENANT SPACES

CITY OF CORAL SPRINGS BUILDING DIVISION
LANDSCAPING AFFIDAVIT

OWNER'S NAME: _____ DATE: _____

JOB ADDRESS: _____ PHONE #: _____

I acknowledge that in conjunction with the fence to be installed at the above address, the City of Coral Springs requires landscaping in front of fence sections facing a road or water right-of-way.

The landscaping is to consist of shrubs planted at a maximum of 3 1/2' on center. Shrubs should be a minimum of 18" to 24" in height at the time of planting.

I agree to install the required landscaping within 60 days from the issuance of the fence permit and schedule the required inspection within that time period. I understand that failure to pass the inspection within 60 days will result in code violations and fines being assessed against the subject property.

Unless you schedule and pass the required inspection prior to 60 days from issuance of your permit. the building division will automatically schedule this inspection.

OWNER'S SIGNATURE & DATE: _____

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by (name of person acknowledging), who is Personally Known to me OR Produced _____ as identification.

NOTARY SEAL
(Name of Notary Typed, Printed, or Stamped)

(Signature of Notary Public-State of Florida)

Original/Building Division – Copy/Homeowner