



100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: mydelraybeach.com

PROPERTY CONTROL #: \_\_\_\_\_

PLEASE PRINT:

JOBSITE ADDRESS \_\_\_\_\_
PROPERTY OWNER NAME \_\_\_\_\_
HOME PHONE ( ) \_\_\_\_\_ CELL \_\_\_\_\_
PROPERTY OWNER ADDRESS \_\_\_\_\_
PLUMBING CONT'R (COMPANY) NAME \_\_\_\_\_
PLUMBING CONT'R (COMPANY) ADDRESS \_\_\_\_\_
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_
BUS. PHONE ( ) \_\_\_\_\_ CELL \_\_\_\_\_
FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

FOR OFFICE USE ONLY:

BLDG PERMIT #: \_\_\_\_\_
PLBG PERMIT #: \_\_\_\_\_
PERMIT FEE: \_\_\_\_\_
PLAN CHECK FEE: \_\_\_\_\_
MCR #: \_\_\_\_\_
\*\*\*\*\*
APPROVALS:
PLBG: \_\_\_\_\_ DATE: \_\_\_\_\_
FIRE: \_\_\_\_\_ DATE: \_\_\_\_\_
ESD: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT EXPIRES IF WORK IS NOT STARTED WITHIN 180-DAYS OR IF ACTIVITY LAPSES FOR 180 DAYS. PLANS MUST BE ON THE JOB SITE FOR ALL INSPECTIONS. FINAL INSPECTION IS REQUIRED ON ALL PERMITS.

DESCRIPTION OF WORK: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

TYPE OF INSTALLATION - CHECK ALL THAT APPLY:

GENERAL PLUMBING: \_\_\_\_\_ NEW \_\_\_\_\_ REPAIR/REPLACEMENT
WATER HEATERS: \_\_\_\_\_ ELECTRIC \_\_\_\_\_ GAS
SEWER CONNECTION: \_\_\_\_\_ WATER CONNECTION: \_\_\_\_\_
SOLAR PANEL INSTALLATION: \_\_\_\_\_
SCOPE OF WORK (Describe WORK and LOCATION: Kitchen/Bedroom/Garage, etc): \_\_\_\_\_
PROJECT COST (LABOR AND MATERIAL): \$ \_\_\_\_\_

FIRE SPRINKLER: (3 SETS OF PLANS REQUIRED)
NUMBER OF HEADS \_\_\_\_\_ NEW \_\_\_\_\_ REPAIR/REPLACEMENT/RELOCATION
PROJECT COST (LABOR AND MATERIAL): \$ \_\_\_\_\_

GAS WORK: \_\_\_\_\_ NEW \_\_\_\_\_ REPAIR/REPLACEMENT \_\_\_\_\_ GENERATOR
TYPE OF GAS: NATURAL: \_\_\_\_\_ L.P. \_\_\_\_\_ NUMBER OF OUTLETS: \_\_\_\_\_
SCOPE OF WORK \_\_\_\_\_
PROJECT COST (LABOR AND MATERIAL): \$ \_\_\_\_\_

SIGNATURE OF QUALIFIER \_\_\_\_\_ CONTR. REGISTRATION # \_\_\_\_\_ WORKERS COMP # \_\_\_\_\_ OR EXEMPT (FID /FEIN) # \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day
of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_.

Personally Known \_\_\_\_\_
OR
Produced Identification \_\_\_\_\_
Type of Identification Produced \_\_\_\_\_

Signature of Notary Public

(SEAL)