



IRRIGATION / WELL PERMIT APPLICATION

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
CONTRACTOR (COMPANY) NAME
CONTRACTOR (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:
PLAN: DATE:
PLBG: DATE:
LAND: DATE:
ESD: DATE:
UTIL: 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.

PROJECT COST (LABOR AND MATERIAL): \$

TYPE OF INSTALLATION: NEW REPLACEMENT
RESIDENTIAL COMMERCIAL

Water Source: City Water (PVB is required; City water connection to be made by Licensed Plumber; backflow certificate required)
Well
Lake/Canal

DESCRIBE WORK :

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)