



# SHUTTER PERMIT APPLICATION

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FOR OFFICE USE ONLY

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

**PLEASE PRINT:**

JOBSITE ADDRESS \_\_\_\_\_

APT. NUMBER \_\_\_\_\_ FLOOR NUMBER \_\_\_\_\_

PROPERTY OWNER NAME \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

PROPERTY OWNER ADDRESS \_\_\_\_\_

CONTRACTOR (COMPANY) NAME \_\_\_\_\_

CONTRACTOR (COMPANY) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

BLDG PERMIT #: _____
SHUTTER PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____
*****
APPROVALS:
PLAN: _____ DATE: _____
P & Z: _____ 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 WORK/  
IMPROVEMENT:**

Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
New Constr \_\_\_\_\_ Addition \_\_\_\_\_

TYPE OF SHUTTERS/ NO OF OPENINGS: Accordion \_\_\_\_\_ Panel \_\_\_\_\_ Roll-up \_\_\_\_\_ Decorative \_\_\_\_\_ Other \_\_\_\_\_

PRODUCT APPROVAL #'S: \_\_\_\_\_

DESCRIPTION OF WORK: \_\_\_\_\_

**NOTE: IF ELECTRICAL WORK IS NEEDED; AN ELECTRICAL APPLICATION IS REQUIRED IN ADDITION TO THE SHUTTER APPLICATION.**

\_\_\_\_\_  
SIGNATURE OF QUALIFIER    CONTR. REGISTRATION #    WORKERS COMP#    **OR**    EXEMPTS (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)