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 ________________________________

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 ___________________________________________________________________________ OR

CONTR. REGISTRATION # __________ WORKERS COMP # __________ EXEMPT (FID /FEIN) # __________

STATE OF ______________________
COUNTY OF _____________________

The foregoing instrument was acknowledged before me this _____ day
of ____________, 20___ by ________________________________.

___________________________________________
Signature of Notary Public

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: ________

Personally Known _____
Produced Identification _____
Type of Identification Produced ________________________

(SEAL)

Rvsd. 3/10