



(561) 243-7200 Fax: (561) 243-7221
Website: www.delraybeachfl.gov

TEMPORARY STRUCTURE/TENT PERMIT APPLICATION

100 NW 1st Avenue Delray Beach FL 33444

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 (_____) _____

E-MAIL _____ FAX (_____) _____

BLDG PERMIT #: _____
PERMIT FEE: \$ _____
PLAN CHECK FEE: \$ _____
MCR #: _____

APPROVALS:
P & Z: _____ DATE: _____
HIST: _____ DATE: _____
PLAN: _____ DATE: _____
FIRE: _____ 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 TEMPORARY STRUCTURE: Tent _____ Other _____

PROPERTY USE: Residential: _____ Commercial: _____ PURPOSE OF USE: _____

TENT/STRUCTURE SQUARE FOOTAGE: _____ DURATION OF USE: _____ DAYS

DATE OF INSTALLATION: _____ DATE OF REMOVAL: _____

COOKING OPERATION PRESENT: YES: _____ NO: _____ SPECIAL FEATURES: _____

FIRE RETARDENT CERTIFICATE: YES: _____ NO: _____ [If yes, samples will be required to be submitted to Fire Department separately]

SETAC APPROVAL DOCUMENT ATTACHED: YES: _____ NO: _____

DESCRIPTION OF WORK: _____

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

SIGNATURE OF QUALIFIER CONTR. REGISTRATION # WORKERS COMP# OR EXEMPTS (FID /FEIN) #
or Authorized Representative

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization this _____ day of _____, _____ by _____
(Printed Name of Above Signatory)

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Personally Known _____
OR
Produced Identification _____
Type of Identification Produced _____