



**CITY OF DELRAY BEACH**  
 100 NW 1<sup>st</sup> Avenue Delray Beach FL 33444  
 (561) 243-7200 Fax: (561) 243-7221  
 Website: [www.delraybeachfl.gov](http://www.delraybeachfl.gov)

**HARDSCAPE PERMIT APPLICATION**  
 (DRIVEWAYS, SIDEWALKS, PATIOS, DECKS, ETC.)

FOR OFFICE USE ONLY

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 (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

BLDG PERMIT #: \_\_\_\_\_

H/S PERMIT #: \_\_\_\_\_

PERMIT FEE: \_\_\_\_\_

SURCHARGES: \_\_\_\_\_

PLAN CHECK FEE: \_\_\_\_\_

MCR #: \_\_\_\_\_

\*\*\*\*\*

APPROVALS:

PLAN: \_\_\_\_\_ DATE: \_\_\_\_\_

ENG: \_\_\_\_\_ DATE: \_\_\_\_\_

P & Z: \_\_\_\_\_ DATE: \_\_\_\_\_

LAND: \_\_\_\_\_ 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.**

**\*ALL WORK TO BE ILLUSTRATED ON A SURVEY OR SITE PLAN, DRAWN TO SCALE. \***

Check one: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL

Check one: \_\_\_\_\_ ASPHALT \_\_\_\_\_ CONCRETE \_\_\_\_\_ PAVERS

Check all that apply and indicate individual costs, as applicable:

_____ DRIVEWAY* \$ _____	_____ SIDEWALK \$ _____	_____ DECK (POOL, ETC.) \$ _____
_____ WALKWAY \$ _____	_____ RE-STRIPING* \$ _____	_____ NEW PARKING LOT* \$ _____
_____ PATIO* \$ _____	_____ OVERLAY \$ _____	
_____ SEALCOATING \$ _____	_____ OTHER \$ _____	

Description Of Work: \_\_\_\_\_

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

**PLEASE WRITE LEGIBLY AND COMPLETE FULLY. ILLEGIBLE OR INCOMPLETE NOTARIZATIONS WILL NOT BE ACCEPTED.**

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

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

The foregoing instrument was acknowledged before me by means of [ ] physical presence or [ ] online notarization

this DAY day of MONTH, YEAR by \_\_\_\_\_  
 (Printed Name of Above Signatory)

\_\_\_\_\_  
 Signature of Notary Public – State of Florida

(NOTARY SEAL)

Personally Known \_\_\_\_\_

OR

Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_