



IRRIGATION / WELL PERMIT APPLICATION
100 NW 1st Avenue Delray Beach FL 33444

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

FOR OFFICE USE ONLY:

PROPERTY CONTROL #: _____

BLDG PERMIT #: _____
PLBG PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____

APPROVALS:
PLAN: _____ DATE: _____
PLBG: _____ DATE: _____
LAND: _____ DATE: _____
ESD: _____ DATE: _____
UTIL: _____ DATE: _____

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 (_____) _____

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 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