



LANDSCAPE PERMIT APPLICATION

100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: www.delraybeachfl.gov

PROPERTY CONTROL #: - - - - -

PLEASE PRINT

PROJECT NAME (IF APPLICABLE)
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 ()

FOR OFFICE USE ONLY:
BLDG PERMIT #:
LAND PERMIT #:
PERMIT FEE:
PLAN CHECK FEE:
MCR #:

APPROVALS:
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.

PROJECT COST (LABOR AND MATERIAL): \$

Projects with an estimated cost over \$1,000 must submit a Certified Cost Estimate.

DESCRIPTION OF WORK

LANDSCAPING ASSOCIATED WITH:

SFR DUPLEX MULTI-FAMILY COMMERCIAL FENCE PAVING
OTHER:

DESCRIPTION OF WORK (TYPE OF PLANTINGS, ETC.):

**No final inspection will be made for a building or structure until the landscaping is inspected and approved.

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