



PLUMBING PERMIT APPLICATION
(INCLUDES GAS AND FIRE SPRINKLER)

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

PROPERTY CONTROL #: - - - - -

PLEASE PRINT:

JOBSITE ADDRESS
PROPERTY OWNER NAME
HOME PHONE ( ) CELL ( )
PROPERTY OWNER ADDRESS
PLUMBING CONT'R (COMPANY) NAME
PLUMBING CONT'R (COMPANY) ADDRESS
CITY ST ZIP
BUS. PHONE ( ) CELL ( )
E-MAIL FAX ( )

FOR OFFICE USE ONLY:

BLDG PERMIT #:
PLBG PERMIT #:
PERMIT FEE:
PLAN CHECK FEE:
MCR #:
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APPROVALS:
PLBG: DATE:
FIRE: DATE:
UTILITIES: 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.

DESCRIPTION OF WORK: RESIDENTIAL COMMERCIAL
TYPE OF INSTALLATION - CHECK ALL THAT APPLY:

GENERAL PLUMBING: NEW REPAIR/REPLACEMENT
WATER HEATERS: ELECTRIC GAS
WATER CONNECTION: BACKFLOW INSTALLATION: FIRE IRRIGATION OTHER
SEWER CONNECTION:
SOLAR PANEL INSTALLATION:
SCOPE OF WORK (Describe WORK and LOCATION: Kitchen/Bedroom/Garage, etc):
PROJECT COST (LABOR AND MATERIAL): \$

FIRE SPRINKLER: (2 SETS OF PLANS REQUIRED)
NUMBER OF HEADS NEW REPAIR/REPLACEMENT/RELOCATION
PROJECT COST (LABOR AND MATERIAL): \$

GAS WORK: NEW REPAIR/REPLACEMENT GENERATOR
TYPE OF GAS: NATURAL: L.P. NUMBER OF OUTLETS:
SCOPE OF WORK
PROJECT COST (LABOR AND MATERIAL): \$

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
REV 5/2023