CITY OF DELRAY BEACH	<b>FOR OFFICE</b>		
100 NW 1 <sup>st</sup> Avenue Delray Beach FL 33444	SIGN PER	SIGN PERMIT #:	
(561) 243-7200 Fax: (561) 243-7221	PERMI	T FEE:	
Website: www.delraybeachfl.gov		W FEE: \$25.00	
PROPERTY CONTROL #:	MC	R #: *******	
BUSINESS NAME:			
SIGN LOCATION ADDRESS:	P & Z:	DATE:	
SIGN OWNER NAME:	ENG:	DATE:	
ADDRESS:	CLCN	DATE:	
PROPERTY OWNER NAME:	EL E.C.	DATE:	
ADDRESS:	DI ANI	DATE:	
SIGN CONT'R (COMPANY) NAME:			
ADDRESS:	Structural Inspection Required:		
CONTACT PERSON NAME:	VE	S NO	
ADDRESS:		torical District:	
PHONE: () CELL: ()		S NO	
E-MAIL: FAX: ()			
Wall Sign Free Standing Sign*  Projectin    SIGN MEASUREMENTS:   Square Feet (per face):    *Free Standing Height from Ground to Top of Sign:     SIGN DETAILS:   No  Is a separate electrical contractor required    Sign Material: No  Is a separate electrical contractor required    Sign Color(s) (Desc & Paint No.):	<b>Total</b> Two-Sided: d?Yes _PaintedRa	:No No aised Letter	
The sign refinit is vold 180 days after issuance, it not instanted. This fees will apply it the sign is Contractors/applicant must sign below <b>certifying</b> signs under (32) square feet will withstand wind over (32) square feet must include a certificate <b>sealed by a Florida registered engineer</b> , per LDR be on the job for all inspections. The undersigned applicant hereby requests that a building permit be issued on the basis of and subj supplemented with the understanding that all DELRAY BEACH, FLORIDA, building, electrical, s whether specified in this application and accompanied with plans or not. Plans and specifications a State, County & City laws, rules, regulations, and resolutions regulating construction & zoning, and property at this time.	pressure of $(50)$ pounds Section 4.6.7(C)(2)(8). ect to the herein set forthing & zoning requirement are attached and I agree to	per square foot. Signs Approved sign plans must h information as nts shall be completed to comply with all Federal,	
SIGNATURE OF QUALIFIER  CONTR. REGISTRATION #  WORKEF    STATE OF	AS COMP # EX	EMPT (FID /FEIN) #	
COUNTY OF			
The foregoing instrument was acknowledged before me by means of [] physical presence this	e or [ ] online notariza	tion	
this <u>DAY</u> day of <u>MONTH</u> , <u>YEAR</u> by (Printe	(Printed Name of Above Signatory)		
	Personally Known		
onature of Notary Public – State of Florida (NOTARY SEAL) OR			
	Produced Identification Type of Identification		