



FENCE PERMIT APPLICATION

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

PROPERTY CONTROL #: - - - - -

PLEASE PRINT

JOBSITE ADDRESS

PROPERTY OWNER NAME

HOME PHONE () CELL

PROPERTY OWNER ADDRESS

FAX E-MAIL

CONTRACTOR (COMPANY) NAME

CONTRACTOR (COMPANY) ADDRESS

CITY ST ZIP

BUS. PHONE () CELL

FAX E-MAIL

FOR OFFICE USE ONLY:

BLDG PERMIT #: _____

FENCE PERMIT #: _____

PERMIT FEE: _____

PLAN CHECK FEE: _____

MCR #: _____

APPROVALS:

PLAN: _____ DATE: _____

LAND: _____ DATE: _____

P & Z: _____ DATE: _____

FIRE: _____ DATE: _____

ENG: _____ 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): \$

RESIDENTIAL FENCING WILL REQUIRE TWO COPIES OF PROPERTY SURVEY AND MAY REQUIRE ADDITIONAL LANDSCAPING. COMMERCIAL FENCING WILL REQUIRE TWO COPIES OF PROPERTY SURVEY AND APPROVED LANDSCAPE PLAN.

DESCRIPTION OF WORK:

RESIDENTIAL _____ COMMERCIAL _____ NEW: _____ REPLACEMENT: _____

POOL BARRIER? YES _____ NO _____

TYPE (WOOD, CHAIN LINK, ETC) _____ IF CHAIN LINK, IS IT VINYL COATED? _____

STYLE (SHADOWBOX, BOARD ON BOARD, ETC.) _____

HEIGHT _____ LENGTH _____

SIGNATURE OF QUALIFIER

CONTR. REGISTRATION #

WORKERS COMP # OR EXEMPT (FID /FEIN) #

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ___ day of _____, 20___ by _____.

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

Signature of Notary Public

(SEAL)