



**IRRIGATION / WELL PERMIT APPLICATION**  
100 NW 1<sup>st</sup> Avenue Delray Beach FL 33444

(561) 243-7200 Fax: (561) 243-7221  
Website: mydelraybeach.com

FOR OFFICE USE ONLY:

**PROPERTY CONTROL #:** \_\_\_\_\_

**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 \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

BLDG PERMIT #: _____
PLBG PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____
*****
APPROVALS:
PLAN: _____ DATE: _____
PLBG: _____ DATE: _____
LAND: _____ DATE: _____
ESD: _____ DATE: _____
UTIL: _____ 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):** \$ \_\_\_\_\_

**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 this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

Personally Known \_\_\_\_\_  
OR  
Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(SEAL)