



100 NW 1<sup>st</sup> Avenue Delray Beach FL 33444  
 (561) 243-7200 Fax: (561) 243-7221

Website: mydelraybeach.com



\*\*\*SEE BACK FOR DETAILS\*\*\*

## APPLICATION FOR PAVING PERMIT

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT									

**FOR OFFICE USE ONLY**

PERMIT NUMBER: _____	PLAN CHECK FEE: \$ _____ MCR # _____
PERMIT FEE: \$ _____	

**PLEASE PRINT**

JOB SITE ADDRESS \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

PAVING CONTRACTOR (COMPANY) NAME \_\_\_\_\_

PAVING CONTRACTOR (COMPANY) ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

**PROJECT COST (Labor and Material) \$** \_\_\_\_\_

CHECK ONE: *ASPHALT* \_\_\_\_\_ *CONCRETE* \_\_\_\_\_ *PAVERS* \_\_\_\_\_ TOTAL SQUARE FOOTAGE \_\_\_\_\_

**Description Of Work:** \_\_\_\_\_

**INCLUDE WITH YOUR APPLICATION:**

<p><u>FOR SINGLE FAMILY RESIDENCE:</u>          TWO (2) COPIES OF LEGAL SURVEY.          DIMENSIONS AND DISTANCES.</p>	<p><u>FOR DUPLEX, MULTI-FAMILY OR COMMERCIAL:</u>          EXISTING AND PROPOSED PARKING SPACE AND OTHER VEHICULAR USES.          ACCESS ISLES, DRIVEWAYS, SPRINKLER AND WATER OUTLETS.          SIZE AND DESCRIPTION OF LANDSCAPE MATERIALS.          LOCATION AND SIZE OF BUILDINGS.          NAME AND LOCATION OF PLANT MATERIALS INSTALLED.</p>
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\_\_\_\_\_  
**SIGNATURE OF QUALIFIER**      **CONTR. REGISTRATION #**      **WORKERS COMP#**      **OR**      **EXEMPT (FID /FEIN) #**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced (Type of ID) \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Signature of Notary Public (Seal)

*NOTE:* Permit expires if work is not started within 180-days. At least 1-inspection every 180-days or permit expires. Plans must be on the job before inspection will be made. Final inspection is required on all permits.

**APPROVALS**

PLAN REVIEW: _____	ENGINEERING: _____	LANDSCAPING: _____	P & Z: _____
DATE: _____	DATE: _____	DATE: _____	DATE: _____