



CITY OF DELRAY BEACH
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**APPLICATION FOR PLUMBING PERMIT
 and FIRE SPRINKLER**

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT									

FOR OFFICE USE ONLY

BLDG. PERMIT NUMBER: _____	PLAN CHECK FEE: \$ _____	MCR # _____
PLBG. PERMIT NUMBER: _____	PERMIT FEE: \$ _____	
	FIRE FEE: \$ _____	

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (____) _____

PROPERTY OWNER ADDRESS _____

PLUMBING CONT'R (COMPANY) NAME _____

PLUMBING CONT'R (COMPANY) ADDRESS _____

CITY _____ ST _____ ZIP: _____

PHONE (____) _____ FAX (____) _____

PROJECT COST (Labor and Material) \$ _____

FIRE SPRINKLER: (3 SETS OF PLANS RQR'D) Number of Heads _____ NEW _____ REPLACEMENT _____

Location: (show room, warehouse, offices, etc.) _____

WATER HEATERS: _____ **ELECTRIC** _____ **GAS** _____

SEWER CONNECTION: _____ **WATER CONNECTION:** _____

TOTAL NUMBER OF FIXTURES: _____

PLUMBING: DESCRIBE WORK and LOCATION (Kitchen/Bedroom/ Garage/etc.): _____

SIGNATURE OF QUALIFIER **CONTR. REGISTRATION #** **WORKERS COMP#** **OR** **EXEMPTS (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 and Commission # 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

PLUMBING: _____ FIRE: _____ ENVIR. SRVC. _____

DATE: _____ DATE: _____ DATE: _____