



**PALM BEACH COUNTY  
PLANNING, ZONING & BUILDING DEPT  
BUILDING DIVISION PERMIT APPLICATION**

WEB SITE: [www.pbcgov.com/pzb](http://www.pbcgov.com/pzb)

<b>Office Use Only</b>
Permit Type _____
PR _____
Date _____

**MAIN**

2300 N. Jog Road  
West Palm Beach, FL

(561) 233-5120 Monday-Thursday 8:00 to 5:00 pm

**SOUTH COUNTY**

345 South Congress Ave, Room # 102  
Delray Beach, FL

(561) 276-1288 Monday & Wednesday **only** 8:00 to 4:30 pm, closed from **12:00 To 12:30**

**GENERAL INSTRUCTIONS**

Applicant must fill in all information relative to the work. The checklist of requirements for this permit if any, must be completed and included with this application submittal. **Note:** Separate applications will be required for multiple structures or items on same parcel.

**PROPOSED IMPROVEMENT LOCATION**

Parcel Control Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Apt / Bay / Suite \_\_\_\_\_

Subdivision / Plaza \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

If this application is related to a Code Enforcement Case, provide Violation Case No. \_\_\_\_\_

If this application has a companion application ( i.e. structure, pool) provide Permit Number \_\_\_\_\_

Is your property on a septic system?  Yes  No If yes, additional Health Department approval may be required.

Has the Project proposed on this parcel recently received Zoning Action?  Yes  No

If yes check all approvals received?  ZC  BCC  DRC

Does this project require platting or a replat?  Yes  No

If yes has platting been completed?  Yes  No

**APPLICANT INFORMATION**

Owner or Lessee \_\_\_\_\_

Address \_\_\_\_\_ Apt / Bay / Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_

**CONTRACTOR INFORMATION**

Qualifier \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Contractors License # \_\_\_\_\_

**FIXED FEES (CHECK ONE ITEM IF APPLICABLE.)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Fuel Tank and or Lines                                      | <input type="checkbox"/> Mobile Home Tie Down                    | <input type="checkbox"/> Fire Suppression   | <input type="checkbox"/> Fire Sprinkler |
| <input type="checkbox"/> Fence <input type="checkbox"/> Commercial Fence per 500LF   | <input type="checkbox"/> Mobile Home Trade                       | <input type="checkbox"/> Fire Alarm   |   |
| <input type="checkbox"/> Concrete / or other Surfacing                               | <input type="checkbox"/> Mobile Home Roof Over                   | <input type="checkbox"/> Hood   |   |
| <input type="checkbox"/> Accessory Building Residential                              | <input type="checkbox"/> A/C Change Out                          | <input type="checkbox"/> Sign (Size & Type) _____   |   |
| <input type="checkbox"/> Window Wall <input type="checkbox"/> Flexible Insert Panels | <input type="checkbox"/> Water Heater Change Out                 | <input type="checkbox"/> Flag Pole/Height _____   |   |
| <input type="checkbox"/> Screen Enclosure  | <input type="checkbox"/> Water/Sewer Hookup                      | <input type="checkbox"/> Roof Opening (Sky lights, Vents)   |   |
| <input type="checkbox"/> Pool Screen Enclosure                                       | <input type="checkbox"/> Window/Door Replacement                 | <input type="checkbox"/> Temp Power Pole  |   |
| <input type="checkbox"/> Pool Barrier Type _____                                     | <input type="checkbox"/> Canopy <input type="checkbox"/> Awnings | <input type="checkbox"/> Electric Service Change <input type="checkbox"/> Comm. <input type="checkbox"/> Res. |   |
| <input type="checkbox"/> Pool Above Ground   | <input type="checkbox"/> Demo                                    | <input type="checkbox"/> Low Voltage <input type="checkbox"/> Cable TV Power Supply                           |   |
| <input type="checkbox"/> Pool <input type="checkbox"/> Spa                           | <input type="checkbox"/> Interior Removal                        | <input type="checkbox"/> Ag. Exemption Permit   |   |
| <input type="checkbox"/> Pool Heater   | <input type="checkbox"/> Stucco/Siding                           | <input type="checkbox"/> Other _____  |   |

**DESCRIPTION OF WORK (CHECK ALL THAT APPLY)**

- |                                     |  |   |  |
|-------------------------------------|--|---|--|
| <input type="checkbox"/> Building   | <input type="checkbox"/> Accessory Bldg Site Built | <input type="checkbox"/> Garage                               | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Addition                  | <input type="checkbox"/> Industrial                           | <input type="checkbox"/> Pond          |
| <input type="checkbox"/> Gas        | <input type="checkbox"/> Commercial                | <input type="checkbox"/> Interior Improvement                 | <input type="checkbox"/> Single Family |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Condo                     | <input type="checkbox"/> Master Child - Master Permit # _____ | <input type="checkbox"/> Townhouse     |
| <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Duplex                    |   |  |
| <input type="checkbox"/> Roofing    |  |   |  |

Further Description: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Previous Use: \_\_\_\_\_

Net Square Footage \_\_\_\_\_ Gross Square Footage \_\_\_\_\_

Total Replacement Cost \$ \_\_\_\_\_ (include ALL cost except land) Page 1 PCF # 0101 Rev. 12/07

**NOTE: STATE STATUTES REQUIRES ALL PERMIT TYPES \$ 2,500.00 OR OVER TO HAVE A NOTICE OF COMMENCEMENT RECORDED WITH THE CLERK OF THE CIRCUIT COURT PRIOR TO 1<sup>ST</sup> INSPECTION. (EXCEPT HVAC LESS THAN \$7,500.00.) YOU MUST SUPPLY A COPY OF THE RECORDED NOTICE OF COMMENCEMENT TO US. FORMS ARE AVAILABLE.**

**SUPPLEMENTAL CONSTRUCTION LIEN LAW INFORMATION**

The following information and notarization of Owner/Agent and Contractor signature is required when the aggregate value (total cost of all improvements and not just work authorized by the individual permit) is \$2,500 or more. Please address each item.

**Fee Simple Titleholder's**  
 † Same as owner on form front  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Mortgage Company**  
 † Not Applicable  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Bonding Company**  
 † Not Applicable  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Designer**  
 † Not Applicable  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**APPLICATION CERTIFICATION AND ACKNOWLEDGEMENT**

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I certify that all the foregoing information is accurate. I understand that a separate permit may be required for electrical, plumbing, boilers, heaters, tanks, signs, wells, pools, roofing, air conditioning, etc.

I further acknowledge the following:

- Issuance of a permit may be subject to conditions and is subject to time limitations.
- Issuance of a permit is not authorized to violate public or private restrictions.
- Failure to comply with applicable construction regulations may result in the withholding of future permits.
- Submission of any false information or misrepresentation is a violation of law and may result in permit revocation.

**WARNING TO OWNER:** ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature \_\_\_\_\_  
 Owner (or agent if any)  
 Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
 Contractor / Owner Builder  
 Print Name \_\_\_\_\_

**Notary If \$ 2,500 or More**

**Required to be notarized for all Owner / Builders regardless of \$ Value**

**STATE OF FLORIDA  
 COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 (month) (year)

by \_\_\_\_\_  
 (Name of Person Acknowledging)

\_\_\_\_\_  
 (Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**STATE OF FLORIDA  
 COUNTY OF PALM BEACH**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_  
 (Name of Person Acknowledging)

\_\_\_\_\_  
 (Signature of Notary Public – State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**OFFICE USE ONLY STAFF COMMENTS:**

<b>†PRIMARY</b>	<b>†SUB</b>	<b>†MULTIPLE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permit #

Primary Permit #