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FENCE APPLICATION

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT					

FOR OFFICE USE ONLY:

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

PLEASE PRINT

JOB SITE ADDRESS: _____

OWNER NAME: _____

OWNER ADDRESS: _____ PHONE (____) _____

CONTRACTOR (COMPANY) NAME: _____

CONTRACTOR (COMPANY) ADDRESS: _____

CITY _____ ST _____ ZIP _____

PHONE #: (____) _____ FAX:(____) _____

PROJECT COST (LABOR AND MATERIAL): \$ _____

RESIDENTIAL _____ OR COMMERCIAL: _____ NEW: _____ REPLACEMENT: _____

POOL BARRIER? YES _____ NO _____

DESCRIPTION OF WORK: _____

NOTE: 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.

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.

SEAL

Signature of Notary Public

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: _____ FIRE DEPT: _____ P & Z: _____ LANDSCAPE: _____ ENGINEERING: _____
DATE: _____ DATE: _____ DATE: _____ DATE: _____ DATE: _____