



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

Website: mydelraybeach.com



### APPLICATION FOR LANDSCAPE INSTALLATION

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT									

**FOR OFFICE USE ONLY:**

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

**PLEASE PRINT**

PROJECT NAME (IF APPLICABLE) \_\_\_\_\_

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

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

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

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

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

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

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

**PROJECT COST \$ \_\_\_\_\_ \*Projects with an estimated cost over \$1,000 must submit a certified cost estimate.**

LANDSCAPING ASSOCIATED WITH:

SFR \_\_\_\_\_ DUPLEX \_\_\_\_\_ MULTI-FAMILY \_\_\_\_\_ COMMERCIAL \_\_\_\_\_ FENCE \_\_\_\_\_ PAVING \_\_\_\_\_

OTHER \_\_\_\_\_

CONDITIONS OF PERMIT: \_\_\_\_\_

**\*\*No final inspection will be made for a building or structure until the landscaping is inspected and approved.**

\_\_\_\_\_  
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*

LANDSCAPE APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_