CITY OF DELRAY BEACH
100 NW 1st Avenue Delray Beach FL 33444
(561) 243-7200 Fax: (561) 243-7221
Website: mydelraybeach.com

APPLICATION FOR SHUTTERS

CITY	RG	TWP	SEC	SUBD	BLOCK	LOT

BLDG PERMIT #: _____
SHUTTER PERMIT #: _____
PERMIT FEE: _____
PLAN CHECK FEE: _____
MCR #: _____

PLEASE PRINT

JOB SITE ADDRESS _____

PROPERTY OWNER NAME _____ PHONE (_____)_____

PROPERTY OWNER ADDRESS _____

CONTRACTOR **(COMPANY)** NAME _____

CONTRACTOR **(COMPANY)** ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

PROJECT COST (Labor and Material) $ _____

TYPE OF WORK/ IMPROVEMENT: Residential _____ Commercial _____

New Constr _____ Addition _____

TYPE OF SHUTTERS/ NO OF OPENINGS: Accordion _____ Panel _____ Roll-up _____ Decorative _____ Other _____

PRODUCT APPROVAL NOS: _____ _____ _____

DESRIPTION OF WORK: _____

_____

NOTE: ***IF ELECTRICAL WORK IS NEEDED; AN ELECTRICAL APPLICATION IS REQUIRED IN ADDITION TO THE SHUTTER APPLICATION.***

_____	_____	_____	OR	_____
SIGNATURE OF QUALIFIER	**CONTR. REGISTRATION #**	**WORKERS COMP#**		**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.

_____ **(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 _____ DATE_____ P & Z _____ DATE _____

Rvsd. 12/07