

Please note: Separate permits for sub-contractor are no longer required!



**Town of Palm Beach  
Building Division**

360 South County Road  
Palm Beach, FL 33480  
561.838.5431  
(fax) 561.835.4621  
pzb@townofpalmbeach.com

FOR OFFICE USE ONLY

**CONSTRUCTION PERMIT APPLICATION**

SITE ADDRESS _____	SUITE _____
DESCRIPTION OF STRUCTURE _____ (Example: main house, garage, guesthouse, commercial tenant space)	
PROPERTY OWNER NAME _____	
TENANT NAME _____	
DESCRIPTION OF WORK _____ _____ _____	
JOB VALUATION* _____ <b>*Value for the ENTIRE project including all subs!</b> <b>***Must complete Schedule 9 if aggregate value over \$250,000***</b>	
CONTRACTOR CORPORATE NAME _____	
CONTRACTOR DBA NAME _____	
CONTRACTOR PHONE # _____	
QUALIFIER NAME _____	
QUALIFIER'S CERT. OF COMPETENCY# _____	
CONTRACTOR EMAIL _____	
MASTER PERMIT NUMBER <b>B</b> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
(if applicable)	
I hereby certify as the qualifier of _____ (Primary Contractor)	
that the subcontractor above _____ (Primary Contractor	
is working under my supervision _____ Signature)	
_____ I have submitted a recorded NOC to the Town of Palm Beach for this project	
_____ Aggregate Job value does not require a recorded Notice of Commencement	

<b>B</b>	

OFFICE ISSUED \_\_\_\_\_

Applicant

Applicant

**CONSTRUCTION PERMIT TYPES**

Please choose one permit type only. If indicated, please provide additional information in the applicable schedule (on page 3).

**BUILDING**

- b-b01  B-RESIDENTIAL NEW CONST/ADD (1&2-FAM) (1)
- b-b02  B-RESIDENTIAL ALTERATION
- b-b04  B-RESIDENTIAL OTHER (NO PLANS)
- b-b05  B-COMMERCIAL NEW CONSTRUCTION/ADD (1,3)
- b-b06  B-COMMERCIAL ALTERATION (3)
- b-b08  B-COMMERCIAL OTHER NO PLANS (3)
- b-b09  B-ROOF NEW/REROOF/REPAIR (2, 5, 6)
- b-b11  B-WINDOWS/DOORS/SHUTTERS/GARAGE DOORS
- b-b16  B-ANTENNA
- b-b13  B-FOUNDATION
- b-b14  B-AWNING NEW/ALTERATION/RECOVER (3 - tenant name only)

**BUILDING (DEMO)**

- b-d01  D-INTERIOR DEMOLITION
- b-d02  D-DEMOLITION

**BUILDING (SITE)**

- b-s01  S-POOL/WATER FEATURE
- b-s02  S-FENCE/WALL/GATE
- b-s03  S-MARINE STRUCTURE
- b-s05  S-GENERATOR
- b-s06  S-MEDIA BLASTING(NO INSP)
- b-s07  S-TEMP STRUCT-TENT/POD/CNSTR TRL/OTHER (4)
- b-s08  S-HARDSCAPE/DRIVEWAY/LANDSCAPE
- b-s11  S-SITE WORK/DRAINAGE
- b-s13  S-SIGN (3-Tenant Name, # of Stories Only)

**ELECTRIC**

- b-e01  E-ELECTRICAL
- b-e08  E-FIRE ALARM (3,6)

**MECHANICAL**

- b-m01  M-MECHANICAL (5,6)

**PLUMBING**

- b-p01  P-PLUMBING (5,6)
- B-P08  P-WATER HEATER REPLACEMENT ONLY (5,6)
- b-p04  P-FIRE SPRINKLER (6)
- b-p05  P-SITE WORK (IRRIGATION / BACKFLOW)

**GAS**

- b-g01  G-GAS

**FIRE RESCUE**

- f-f01  F-FIRE RESCUE STANDARD (5,6)

**OTHER**

- b-f01  F-FLOOD PLAIN DEVELOPMENT (7)  
(APPLICABLE TO A AND V FLOOD ZONES ONLY)
- l-d01  L-DUNE PERMIT
- b-r03  R-FEE CHARGE

**CHANGES/UPDATES**

- b-r02  R-CHANGE OF CONTRACTOR/QUALIFIER
- b-r04  R-PERMIT UPDTE/CHG PLANS & VALUE/CORRECTION
- b-r05  R-PERMIT UPDTE/CORRECTION/CHG IN VALUE ONLY
- b-r08  R-PERMIT REACTIVATION - "B-" PERMIT

# SUBCONTRACTOR INFORMATION

Please complete this preliminary subcontractor list. Should a change of contractor occur, please submit a change request to the Town on your letterhead.

USING UNLICENSED CONTRACTORS OR SUBCONTRACTORS MAY PREVENT YOU FROM BEING ELIGIBLE FOR INSPECTIONS AND/OR C.O.

PLEASE INCLUDE CURRENT COPIES OF CERTIFICATE OF COMPETANCY OR STATE LICENSES. WORKERS' COMPENSATION INSURANCE LISTING THE TOWN OF PALM BEACH AS CERTIFICATE HOLDER OR STATE OF FLORIDA EXEMPTION CERTIFICATES.

Attach additional sheet if necessary

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

Company Name	_____
Qualifier / Agent	_____
Contractor License#	_____
Expiration Date:	_____
Address City St Zip	_____
Phone	_____
Email	_____

## SCHEDULES

<p style="text-align: center;"><b>SCHEDULE 1</b></p> <p>SQ FT TOTAL EXISTING _____</p> <p>SQ FT TOTAL PROPOSED _____</p> <p>NEW SQ FT UA _____</p>	<p style="text-align: center;"><b>SCHEDULE 3</b></p> <p>TENANT NAME _____</p> <p>TYPE OF ROOF _____</p> <p># OF STORIES _____</p> <p>SPRINKLED? _____</p> <p>OCCUPANCY TYPE _____</p>	<p style="text-align: center;"><b>SCHEDULE 4</b></p> <p>DATE START: _____</p> <p>DATE END: _____</p> <p>DATE OF EVENT: _____ # OF TENTS: _____</p> <p>DATE DOWN: _____ # OF GUESTS: _____</p> <p>VALET PARKING: Y / N SIZE OF TENTS: _____</p> <p>ELECTRIFIED: Y / N DECORATED: Y / N COOKING/HEATING: Y / N</p>			
<p style="text-align: center;"><b>SCHEDULE 2</b></p> <p>EXISTING ROOF MATERIAL _____</p> <p>PROPOSED ROOF MATERIAL _____</p>	<p style="text-align: center;"><b>SCHEDULE 6 - FIRE RESCUE PERMITS (Separate application required for each category checked)</b></p> <p>FIRE SPRINKLER: FINAL ONLY _____ FIRE ALARM _____</p> <p>FIRE SPRINKLER: ROUGH &amp; FINAL _____ FIRE HYDRANT FLOW TEST _____</p> <p>FIRE SUPPRESSION SYSTEM _____</p>				
<p><b>SCHEDULE 5</b></p> <p>ANY HOT WORK, EG HOT TAR, BRAZING, SOLDERING, OPEN FLAME/HOT TAR? YES _____ NO _____</p>					
<p><b>SCHEDULE 7 - FLOODPLAIN DEVELOPMENT SUPPLEMENTAL INFORMATION (IF APPLICABLE)</b></p> <p><b>APPLICABLE TO "A" AND "V" FLOOD ZONES ONLY</b></p>					
<p><b>I. DESCRIPTION OF WORK (Check all applicable boxes):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"> <p style="text-align: center;">ACTIVITY</p> <p><input type="checkbox"/> New Structure</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Alteration</p> </td> <td style="width: 33%;"> <p><input type="checkbox"/> Relocation</p> <p><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Other</p> </td> <td style="width: 33%;"> <p style="text-align: center;">STRUCTURE TYPE</p> <p><input type="checkbox"/> Residential (1-4 Family)</p> <p><input type="checkbox"/> Residential (More than 4 Family)</p> <p><input type="checkbox"/> Non-residential (Floodproofing? (Yes))</p> <p><input type="checkbox"/> Combined Use (Residential &amp; Commercial)</p> </td> </tr> </table> <p>Estimated Total Cost of Project (Including all Subcontractor Work) \$ _____</p> <p>Market Value of Structure \$ _____</p> <p>Source of Valuation: _____ PROPERTY APPR _____ INDEP APPR _____ OTHER _____</p>			<p style="text-align: center;">ACTIVITY</p> <p><input type="checkbox"/> New Structure</p> <p><input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Alteration</p>	<p><input type="checkbox"/> Relocation</p> <p><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Other</p>	<p style="text-align: center;">STRUCTURE TYPE</p> <p><input type="checkbox"/> Residential (1-4 Family)</p> <p><input type="checkbox"/> Residential (More than 4 Family)</p> <p><input type="checkbox"/> Non-residential (Floodproofing? (Yes))</p> <p><input type="checkbox"/> Combined Use (Residential &amp; Commercial)</p>
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<p><b>SCHEDULE 8 - FEE SIMPLE TITLEHOLDER, BONDING COMPANY, ARCHITECT/ENGINEER AND MORTGAGE LENDER INFO REQUIRED WHEN THE AGGREGATE VALUE (TOTAL COST OF ALL IMPROVEMENTS &amp; NOT JUST WORK AUTHORIZED BY THE INDIVIDUAL PERMIT IS \$2500 OR MORE (EXCEPT HVAC REPAIR/REPLACEMENT &lt; \$7500). PLEASE ADDRESS ALL ITEMS BELOW:</b></p>					
<p>Fee Simple Titleholder's Name(if other than owner): _____</p> <p>Fee Simple Titleholder's Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Same as Owner</p>	<p>Bonding Company: _____</p> <p>Bonding Company Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Not applicable</p>				
<p>Architect/Engineer's Name: _____</p> <p>Architect/Engineer's Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Not Applicable</p>	<p>Mortgage Lender's Name: _____</p> <p>Mortgage Lender's Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Not applicable</p>				
<p><b>SCHEDULE 9 - CONSTRUCTION PARKING AND EASEMENT AGREEMENT</b></p>					
<p><b>1. Will Construction parking permits be requested at any time during course of construction? YES___ NO___</b></p> <p style="padding-left: 40px;">If YES, a parking plan MUST be submitted prior to permit issuance.</p> <p style="padding-left: 40px;">If NO, be advised that NO construction parking permits will be issued for the project at any time during construction.</p>					
<p><b>2. An Underground Utility Easement Agreement MAY be required to be executed and a certified copy of the recorded document be provided to the Town PRIOR to permit issuance.</b></p>					

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT  
MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.  
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR  
BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.**

**PROPERTY OWNER'S NOTARIZED SIGNATURE**

OWNERS AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with laws and that I have no unpaid civil penalties, administrative hearing, investigative, enforcement, testing or monitoring costs or unpaid liens which are owed to the Town of Palm Beach.

- **Please complete Schedule 8 (page 3) if aggregate value over \$2500 (or HVAC Repair/Replacement > \$7500)**
- **OWNER'S CERTIFICATION: I have received & UNDERSTAND the Town's 3-strike rule pertaining to construction parking.**
- **OWNER'S EMAIL ADDRESS:** \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_

OWNER'S PRINTED NAME: \_\_\_\_\_

\* **Must be signed by the property owner. If owner is corporation, must be signed by officer of corporation or someone with written authorization. Any person signing for a corporation must indicate title.**

\* **A Residential Tenant may not sign for property owner unless written authorization from property owner is attached.**

\* **A Commercial Tenant may sign for property owner; store manager or corporate officer signature required.**

\* **If owner is a trust, must be signed by an officer of trust or someone with written authorization.**

\* **Owner's signature not required for flood plain development permits.**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_  
(Name of person making statement) Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

See Notice of Commencement for property owner's notarized signature

**CONTRACTOR QUALIFIER'S NOTARIZED SIGNATURE**

Application is hereby made to obtain a permit to do work and installation as indicated. **I certify that no work has commenced prior to issuance** and that all work will be performed in full compliance with all laws regulating construction in the Town of Palm Beach.

- **CONTRACTOR CERTIFICATION: I have provided the owner the "NOTICE" pertaining to construction parking.**

SIGNATURE OF QUALIFIER: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
QUALIFIER LICENSE NUMBER:

STATE OF FLORIDA, COUNTY OF PALM BEACH

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, by

\_\_\_\_\_  
(Name of person making statement) Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public:

# CHECKLIST



## Town of Palm Beach Building Division

360 South County Road  
Palm Beach, FL 33480  
(phone) 561.838.5431 (fax) 561.835.4621  
pzb@townofpalmbeach.com

- **Permit applications accepted Monday through Friday from 8:30 a.m. to 4:00 p.m.**
- All contractors must be registered with the Town. Documents/fees required: \$25.00 fee; copy of State or County contractor's license; completed Contractor Registration Application.
- In order to have your permit application package accepted for review by the Town, you must complete the permit application as referenced AND attach the following:

Certificate of Insurance listing the Town of Palm Beach, 360 S County Road, Palm Beach, FL 33480 as certificate holder; showing evidence of active Workers' Compensation policy; or, an active Workers' Compensation Exemption Certificate. **One of these must be submitted with EVERY permit application.**

\_\_\_\_\_

**Notarized property owner's signature is required on each permit application submitted.**

\_\_\_\_\_

**If the property owner is not listed as the owner in the records of Palm Beach County Property Appraiser, a copy of the records area must be provided.**

\_\_\_\_\_

Qualifier's notarized signature is required on Page 4. If the permit is signed by someone other than the qualifier, include a letter on company letterhead with the qualifier's signature notarized, must be job specific, allowing that individual to sign. Must be dated within 60 days of the application.

\_\_\_\_\_

Permit fees, plus any applicable state surcharges or other fees, are due upon submission of your permit applications. Payments may be made by check, cash or most major credit cards. If funds are available "on-account", they may be used to pay for permit fees. Funds may be deposited to "on-account" at any time using the same payment methods.

\_\_\_\_\_

**Check with the Condominium or Co-op Association for approval requirements, if working in a condo or a co-op.**

\_\_\_\_\_

Submit to PZB Director for prior staff approval of certain permit types such as Signs, Awnings, etc.