



CITY OF GREENACRES ENGINEERING PERMIT APPLICATION

For official use only:
APP #

Note to Applicant: All sections of this application form must be completed to avoid delays. If a section does not apply to this project, please indicate by listing "not applicable" or "NA".

PROJECT INFORMATION

If the project is located exclusively within the right-of-way (ROW), please list nearest address as "Job Address" and list job limits in "Description of Work".

Is there a Code Violation on Property for this work? Yes No
Is project located exclusively within ROW? Yes No

Name of Project/Plaza/Subdivision _____
Job Address _____ City _____ Zip _____
Folio # _____ Check one: Residential Non-Residential
Description of Work (Brief) _____

MOT: Start Date _____ Duration of Work _____ Hours _____

OWNER INFORMATION

PERMIT APPLICANT

This section must be completed. If owner is applying for permit(s), please indicate by checking the "Permit Applicant" box above.

Name _____
Address _____ City _____ State ____ Zip _____
Phone # _____ Fax # _____ E-mail _____

PRIMARY CONTRACTOR INFORMATION (SITE/GENERAL CONTRACTOR)

PERMIT APPLICANT

This section must be completed for the primary contractor. If the primary contractor is applying for permit(s), please indicate by checking the "Permit Applicant" box to the right.

Company Name _____ License Type(s) _____
Address _____ City _____ State ____ Zip _____
Phone # _____ Fax # _____ E-mail _____
Contact Person _____ Phone# _____

SUB-CONTRACTOR INFORMATION

PERMIT APPLICANT

This section must be completed if a sub-contractor is the permit applicant. If the sub-contractor is applying for permit(s), please indicate by checking the "Permit Applicant" box to the right.

Company Name _____ License Type(s) _____
Address _____ City _____ State ____ Zip _____
Phone # _____ Fax # _____ E-mail _____
Contact Person _____ Phone# _____

CIVIL ENGINEER

Company _____

Address _____ City _____ State ____ Zip _____
Phone # _____ Fax # _____ E-mail _____

ARCHITECT

Company _____

Address _____ City _____ State ____ Zip _____
Phone # _____ Fax # _____ E-mail _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of the County, and there may be additional permits required by other Governmental Entities such as Building, Water Management Districts, County Agencies, State Agencies or Federal Agencies.

ENGINEERING PERMIT APPLICATION

PERMIT TYPE

Check the appropriate box(es) for the permit(s) being applied for below and fill in the corresponding required information. Multiple permits may be applied for on the same application if the qualifier is the same for all permits; however, landscaping permits cannot be combined on the same application with site related permits.

<input type="checkbox"/> Curbing _____ LF	<input type="checkbox"/> Road Cut & Restore _____ Lanes	
<input type="checkbox"/> Directional Bore _____ Lanes	<input type="checkbox"/> Sewer (Wastewater) _____ Cost	
<input type="checkbox"/> Drainage _____ Cost	<input type="checkbox"/> Sewer Service (Tie-In) _____ Each	
<input type="checkbox"/> Driveway (Paving) _____ SF	<input type="checkbox"/> Sidewalk _____ LF	
<input type="checkbox"/> Driveway (Repaving) _____ SF	<input type="checkbox"/> Site Prep _____ Each	
<input type="checkbox"/> Excavate (Below Ground Facilities) _____ Each	<input type="checkbox"/> Water _____ Cost	
<input type="checkbox"/> Excavate (Canals) _____ LF	<input type="checkbox"/> Water Service (Tap) _____ Each	
<input type="checkbox"/> Excavate (Lakes) _____ Acres	LANDSCAPING PERMITS <i>(By separate application)</i>	
<input type="checkbox"/> Final Site _____ Bldg Address/#	<input type="checkbox"/> Irrigation _____ Heads	
<input type="checkbox"/> Maintenance of Traffic _____ Each	<input type="checkbox"/> Landscape _____ Acres	
<input type="checkbox"/> Miscellaneous _____ Each	<input type="checkbox"/> Miscellaneous Irrigation _____ Each	
<input type="checkbox"/> Paving _____ SF	<input type="checkbox"/> Tree Removal _____ / Tree/Acre	
<input type="checkbox"/> Repaving _____ SF	<input type="checkbox"/> Tree Trimming _____ Trees	
<input type="checkbox"/> Resealing/Restriping _____ SF	Single Family <input type="checkbox"/> Non-Single Family <input type="checkbox"/>	

Utility Franchise Permit Application? Yes No Utility Company _____

APPLICATION is hereby made to obtain a permit to do the work and installations as hereon indicated. I certify that the foregoing information is correct and that all work will be done in compliance with all FEDERAL, STATE, COUNTY & CITY laws, rules, regulations and resolutions regulating construction and zoning whether specified in this application and accompanying plans/specifications or not.

IT IS AGREED by both the Owner and Contractor that the approval of permits, plans and/or specifications does not relieve them of the responsibility to comply with provisions of the City Code of Ordinances and that any facility constructed under this permit is subject to the following:

1. Construction inspections will be conducted by the Planning, GIS and Engineering Division and if the improvements are not in conformance with the approved permits, plans and/or specifications, said improvements must be immediately rectified to conform with the approved permit, plans and/or specifications.
2. After the permit, plans and/or specifications have been approved by the Planning, GIS and Engineering Division, they shall not be changed without written approval of the Planning, GIS and Engineering Division.

THE OWNER AND CONTRACTOR FURTHER AGREE to indemnify, hold harmless, defend, and exonerate the City and its employees from all damages, liabilities, claims, injuries, and demands for liability rising out of the work under this permit.

OWNER'S AFFIDAVIT: I authorize the named contractor to do the work stated above on the foregoing property.

Signature _____ Date _____
Owner or Agent

Signature _____ Date _____
Contractor's Qualifier

Print Name _____

Print Name _____

STATE OF FLORIDA, COUNTY OF PALM BEACH

STATE OF FLORIDA, COUNTY OF PALM BEACH

physical presence or online notarization,
 This ____ day of _____, 20____, by_
 (Name of person making statement)

Physical presence or online notarization
 This ____ day of _____, 20____, by_
 (Name of person making statement).

NOTARY PUBLIC as to Owner/Agent
Personally Known OR Produced Identification
 Type of Identification Produced _____

NOTARY PUBLIC as to Contractor's Qualifier

For Official Use Only:
 Application approved by _____ Date _____