

# CHECKLIST



## Town of Palm Beach Building Division

360 South County Road  
Palm Beach, FL 33480

(phone) 561.838.5431 (fax) 561.835.4621

[www.townofpalmbeach.com](http://www.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:

**FOR ALL DEMO'S (STRUCTURE TO THE GROUND) PLEASE REFER TO OUR DEMO CHECKLIST**

Certificate of workers comp insurance listing the Town of Palm Beach, 360 S County Road, Palm Beach, FL 33480 as certificate holder; 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 is in an LLC or a trust you must provide documentation of person signing. Permits WILL NOT be accepted without.**

**If the property owner is not listed as the owner of record from the Palm Beach County Property Appraiser, a copy of the recorded deed 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 applicable state surcharges or other fees, are due upon submission of your permit applications. Payments may be made by check or credit card. 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 listed above. Use of a private provider will vary in initial percentage depending on their services.

**Check with the Condominium OR Co-op Association for approval requirements. If you are working in a Co-op you will be required to submit two signature pages. One with the unit owners notarized signature and the other from an authorized individual for the Co-op. All EXTERIOR work in a condo unit will require a condo approval letter.**

Staff Approvals are required for awning replacements/recovers/changes in color or style, signage, etc. for commercial parcels as well as awnings, windows/doors/shutters/garage doors, new/re-roof's, generators etc. for residential.

You would submit a staff approval application with photos of existing/proposed, specs and or plans along with your building permit application and two sets of plans.

**FEMA REQUIREMENTS - If your property is within the AE or VE Flood Zone you will be required to submit an Elevation Certificate OR survey with elevations shown for initial plan review. Please reference Schedule 7 on page 3 of the permit application.**

**A Right of Way application will be required for any work done within the roads right of way (roadway, sidewalk, shoulder areas). If you are going to have material delivered, concrete pours, dewatering, sewer connections and/or disconnections, crane, etc., a right of way permit will be required. Please submit the application at least 72 hours PRIOR to work. If you are requesting street parking you will be required to obtain construction parking placards. Please reference the "3-strike Rule" document within this application regarding parking and construction site management. Anyone commencing any of the above without benefit of approval/permit will be subject to fines.**

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



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Building Division**

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FOR OFFICE USE ONLY

Permit Fee \$ \_\_\_\_\_

**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* _____ *Value for the ENTIRE project including all subs!		
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"/>		
(if applicable)		
I hereby certify as the qualifier of _____ (Primary Contractor)		
that the subcontractor above _____ (Primary Contractor)		
is working under my supervision _____ Signature)		

B	

OFFICE ISSUED

\_\_\_\_\_  
Initials      Date

\_\_\_\_\_  
Date

**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	<input type="checkbox"/>	B-RESIDENTIAL NEW CONST/ADD (1&2-FAM) (1,7)
b-b02	<input type="checkbox"/>	B-RESIDENTIAL ALTERATION (7)
b-b04	<input type="checkbox"/>	B-RESIDENTIAL OTHER (NO PLANS) (7)
b-b05	<input type="checkbox"/>	B-COMMERCIAL NEW CONSTRUCTION/ADD (1,3,7)
b-b06	<input type="checkbox"/>	B-COMMERCIAL ALTERATION (3,7)
b-b08	<input type="checkbox"/>	B-COMMERCIAL OTHER NO PLANS (3,7)
b-b09	<input type="checkbox"/>	B-ROOF NEW/REROOF/REPAIR (2, 5, 6,7)
b-b11	<input type="checkbox"/>	B-WINDOWS/DOORS/SHUTTERS/GARAGE DOORS (7)
b-b16	<input type="checkbox"/>	B-ANTENNA
b-b13	<input type="checkbox"/>	B-FOUNDATION
b-b14	<input type="checkbox"/>	B-AWNING NEW/ALTERATION/RECOVER (3 - tenant name only)

**BUILDING (DEMO)**

b-d01	<input type="checkbox"/>	D-INTERIOR DEMOLITION
b-d02	<input type="checkbox"/>	D-DEMOLITION

**BUILDING (SITE)**

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

**ELECTRIC**

b-e01	<input type="checkbox"/>	E-ELECTRICAL
b-e08	<input type="checkbox"/>	E-FIRE ALARM (3,6)

**MECHANICAL**

b-m01	<input type="checkbox"/>	M-MECHANICAL (5,6)
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**PLUMBING**

b-p01	<input type="checkbox"/>	P-PLUMBING (5,6)
B-P08	<input type="checkbox"/>	P-WATER HEATER REPLACEMENT ONLY (5,6)
b-p04	<input type="checkbox"/>	P-FIRE SPRINKLER (6)
b-p05	<input type="checkbox"/>	P-SITE WORK (IRRIGATION / BACKFLOW)

**GAS**

b-g01	<input type="checkbox"/>	G-GAS
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**FIRE RESCUE**

f-f01	<input type="checkbox"/>	F-FIRE RESCUE STANDARD (5,6)
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**OTHER**

b-f01	<input type="checkbox"/>	F-FLOOD PLAIN DEVELOPMENT (7) <small>(APPLICABLE TO A AND V FLOOD ZONES ONLY)</small>
l-d01	<input type="checkbox"/>	L-DUNE PERMIT
b-r03	<input type="checkbox"/>	R-FEE CHARGE

**CHANGES/UPDATES**

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

## SCHEDULES

<b>SCHEDULE 1</b> SQ FT TOTAL EXISTING _____ SQ FT TOTAL PROPOSED _____ NEW SQ FT UA _____	<b>SCHEDULE 3</b> TENANT NAME _____ TYPE OF ROOF _____ # OF STORIES _____ SPRINKLED? _____ OCCUPANCY TYPE _____	<b>SCHEDULE 4</b> DATE START: _____ DATE END: _____ DATE OF EVENT: _____ # OF TENTS: _____ DATE DOWN: _____ # OF GUESTS: _____ VALET PARKING: Y/N SIZE OF TENTS: _____ ELECTRIFIED: Y/N DECORATED: Y/N COOKING/HEATING: Y/N			
<b>SCHEDULE 2</b> EXISTING ROOF MATERIAL _____ PROPOSED ROOF MATERIAL _____	<b>SCHEDULE 6 - FIRE RESCUE PERMITS (Separate application required for each category checked)</b> FIRE SPRINKLER: FINAL ONLY _____ FIRE ALARM _____ FIRE SPRINKLER: ROUGH & FINAL _____ FIRE HYDRANT FLOW TEST _____ FIRE SUPPRESSION SYSTEM _____				
<b>SCHEDULE 5</b> ANY HOT WORK, EG HOT TAR, BRAZING, SOLDERING, OPEN FLAME/HOT TAR? YES _____ NO _____	<b>SCHEDULE 7 - FLOODPLAIN DEVELOPMENT SUPPLEMENTAL INFORMATION (IF APPLICABLE)</b> <b>APPLICABLE TO "AE" AND "VE" FLOOD ZONES ONLY</b> <b>I. DESCRIPTION OF WORK (Check all applicable boxes):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <b>ACTIVITY</b>  <input type="checkbox"/> New Structure  <input type="checkbox"/> Addition  <input type="checkbox"/> Alteration  <input type="checkbox"/> Relocation  <input type="checkbox"/> Demolition  <input type="checkbox"/> Replacement  <input type="checkbox"/> Other                 </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Residential (1-4 Family)  <input type="checkbox"/> Residential (More than 4 Family)                 </td> <td style="width: 33%; vertical-align: top;"> <b>STRUCTURE TYPE</b>  <input type="checkbox"/> Non-residential (Floodproofing? (Yes)  <input type="checkbox"/> Combined Use (Residential &amp; Commercial)                 </td> </tr> </table> Estimated Total Cost of Project (Including all Subcontractor Work) \$ _____ Market Value of Structure \$ _____ Source of Valuation: _____ PROPERTY APPR _____ INDEP APPR _____ OTHER _____		<b>ACTIVITY</b> <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Relocation <input type="checkbox"/> Demolition <input type="checkbox"/> Replacement <input type="checkbox"/> Other	<input type="checkbox"/> Residential (1-4 Family) <input type="checkbox"/> Residential (More than 4 Family)	<b>STRUCTURE TYPE</b> <input type="checkbox"/> Non-residential (Floodproofing? (Yes) <input type="checkbox"/> Combined Use (Residential & Commercial)
<b>ACTIVITY</b> <input type="checkbox"/> New Structure <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Relocation <input type="checkbox"/> Demolition <input type="checkbox"/> Replacement <input type="checkbox"/> Other	<input type="checkbox"/> Residential (1-4 Family) <input type="checkbox"/> Residential (More than 4 Family)	<b>STRUCTURE TYPE</b> <input type="checkbox"/> Non-residential (Floodproofing? (Yes) <input type="checkbox"/> Combined Use (Residential & Commercial)			
<b>CURRENT FLOOD ZONE DESIGNATION</b> _____ Any permit located within the AE or VE Flood Zone will be required to pull a separate Flood Plain Development permit. The application will be required to be submitted with an elevation certificate or survey with elevations shown for initial plan review. You will also be required to submit three (3) sets of FINAL elevation certificate's and survey's showing the finish floor elevation upon CO/CC of project.					
<b>STORMWATER MANAGEMENT</b> An Erosion Control Plan, overlaid on the project grading plan(s) or site plan if there is not a grading plan needs to be submitted for all site disturbing activities. The Erosion Control Plan needs to show what BMPs will be used and where, as well as the total disturbance area.  Applicant must file a Notice of Intent (NOI) and obtain coverage under the Construction Generic Permit (CGP) if you discharge stormwater associated with large of small construction activities to surface water of the State, including through a Municipal Separate Storm Sewer System (MS4). <a href="http://www.dep.state.fl.us/water/stormwater/npdes/doc/all_ms4_by_county.pdf">http://www.dep.state.fl.us/water/stormwater/npdes/doc/all_ms4_by_county.pdf</a>  Indicate whether project is Large or Small Construction <input type="checkbox"/> Large Construction (Project will disturb 5 or more acres of land) <input type="checkbox"/> Small Construction (Project will disturb between 1 and 4.99 acres of land)  Projects larger than 10 acres or 2 acres impervious shall require an Environment Resource Permit (ERP) from the South Florida Water Management District. <input type="checkbox"/> EPR Required					
<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>					
Fee Simple Titleholder's Name(if other than owner): _____ _____ Fee Simple Titleholder's Address: _____ _____ City: _____ State: _____ Zip: _____	Bonding Company: _____ _____ Bonding Company Address: _____ _____ City: _____ State: _____ Zip: _____				
<input type="checkbox"/> Same as Owner	<input type="checkbox"/> Not applicable				
Architect/Engineer's Name: _____ _____ Architect/Engineer's Address: _____ _____ City: _____ State: _____ Zip: _____	Mortgage Lender's Name: _____ _____ Mortgage Lender's Address: _____ _____ City: _____ State: _____ Zip: _____				
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not applicable				
<b>SCHEDULE 9 -EASEMENT AGREEMENT</b> 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.					

**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 job value is over \$2500 (or HVAC Repair/Replacement > \$7500)**
- **OWNER'S CERTIFICATION: I have received & UNDERSTAND the Town's 3-strike rule pertaining to construction parking and construction site management.**
- **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 \_\_\_\_\_

\_\_\_\_\_  
Type of Identification \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public

Check **ONLY** if Certified NOC was submitted in lieu of owner signing this document

**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 and construction site management.**

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 \_\_\_\_\_

\_\_\_\_\_  
Type of Identification \_\_\_\_\_

Signature of Notary Public - State of Florida

Print, Type or Stamp Commissioned Name of Notary Public:

**NOTICE OF "3-STRIKE" CONSTRUCTION PARKING AND CONSTRUCTION SITE MANAGEMENT RULE**

The Town wants you to be as informed as possible about local regulations that could affect your ability to continue working at individual job sites. All contractors should understand and comply with the "3-Strike Construction Rule". If and when a contractor should receive 3 strikes at a job site for parking non-authorized construction vehicles on the street or other Town violation, the PZ&B Director is obligated by local code to issue a Stop Work Order. The rules are as follows:

1. Vehicles belonging to or being used by personnel working on or visiting a construction site are to be parked off the roadway and on the private site if at all possible.
2. If the contractor shows that all vehicles cannot be parked on the site, he can apply for construction parking permits authorizing up to three construction related vehicles to park on the street where legally permissible if approved by the Town. You can make such application at the PZ&B Department (Town Hall). The property owner must acknowledge understanding the 3-strike for construction parking rules and the consequences for noncompliance.
3. Construction site violations under Chapter 18, Sections 18-309 and 18-310, shall be strikes under this program.
4. Parking violations and other Town violations at construction sites can be ticketed by either Public Works or the Police Department.
5. If and when a contractor receives three strikes at any individual site, the PZ&B Director is to issue a STOP WORK order.
6. An appeal process (at staff level) is built into the rules. Appeals, if filed, must be made in writing within seven (7) days of ticket or violation issuance.
7. Once a Stop Work Order has been issued, work is not to recommence unless the contractor requests that the Town Council reinstate the building permit.
8. The Town Council has broad discretion in determining what, if any, conditions (including additional fines) are to be placed on reinstatement. Please note that the Town Council meets once monthly. Long work stoppages could potentially occur.

You are encouraged to police your construction site(s) very carefully to see that three strikes never occur. If that should happen, you should expect that a STOP WORK order will be issued. That action, regrettable as it may be, is now an automatic procedure. Please govern your crews and manage your parking plan accordingly. Thank you.

**OWNER CERTIFICATION:** I have received and UNDERSTAND the Town's 3-strike rule pertaining to construction parking and construction site management.

\_\_\_\_\_  
Owner signature

\_\_\_\_\_  
Date

**CONTRACTOR CERTIFICATION:** I have been provided the "NOTICE" pertaining to construction parking and construction site management.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

## 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.**

**PERMIT NUMBER:**

**PERMIT ADDRESS:**

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

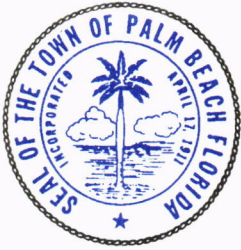
Company Name	
Qualifier / Agent	
Contractor License#	
Expiration Date:	
Address City St Zip	
Phone	
Email	

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	



# TOWN OF PALM BEACH

Planning, Zoning & Building Department

## **“THREE STRIKE” CONSTRUCTION PARKING AND CONSTRUCTION SITE MANAGEMENT PROGRAM AFFIDAVIT**

Re: Permit # \_\_\_\_\_

I, as the Primary Contractor,

\_\_\_\_\_  
Name

\_\_\_\_\_  
License Number

Do hereby attest that I have been provided with copies of Ordinance No. 28-2021 and Resolution No. 001-2022, which collectively create the “Three Strike” Construction Parking and Construction Site Management Program. I have reviewed the documents and understand that this program provides “strikes” against the construction project for violations of the Town’s parking requirements and construction site management requirements. Once a construction project has three “strikes”, the project will be shut down via a Stop Work Order issued by the Planning, Zoning and Building Department. At that point, only the Town Council can restart the construction project. I further attest that I have provided this information to the Property Owner(s).

\_\_\_\_\_  
Signature

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 202\_\_

By \_\_\_\_\_

Notary Public, State of Florida

\_\_\_\_\_  
(Print, type or stamp name)

Commission No.: \_\_\_\_\_

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced. \_\_\_\_\_