



PALM BEACH COUNTY
Planning, Zoning & Building Department
BUILDING DIVISION

NO FEE SUB-PERMIT
APPLICATION FORM

APPLICANT INFORMATION

Owner: _____

Lessee: _____

Address: _____

Apt/Bay/Suite #: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____

Phone: (W) _____

CONTRACTOR INFORMATION

Qualifier: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name/Phone: _____

Contractor License No. _____

PROPOSED IMPROVEMENT LOCATION

Same as owner / lessee address

Address: _____

Apt/Bay/Suite: _____

City: _____ State: _____ Zip: _____

Primary Permit # _____

PERMIT TYPE

Alarm System (Burglar/Residential)

Low Voltage (Cable, Phone, CATV, Data, Vac)

Low Voltage / Other _____

Electric

Fire Suppression (Commercial)

HVAC HVAC/Hood (Commercial)

Mechanical Walk-In Coolers

Gas

Plumbing

Roofing

Qualifier/Agent Signature _____ Date _____

Building Division Use Only

Sub-Permit # _____

Primary Permit# _____