



**2015/2016 SUB-PERMIT FAX/EMAIL PROGRAM APPLICATION**

To qualify for application to this program, you must currently hold an active Contractor Registration with the City of Palm Beach Gardens. You must submit the \$300 application fee in order to enroll in the Fax/Email Program.

Name of Contractor \_\_\_\_\_

Qualifier Name \_\_\_\_\_ License # \_\_\_\_\_

Contractor Address \_\_\_\_\_ Suite \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Suite \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

**Please note that a separate application and registration fee for this program must be made for each qualifier within any given organization wishing to participate in the program. In addition, a separate application and registration fee must be made for each trade requesting to participate in the program, regardless of qualifier, within any given organization.**

I, \_\_\_\_\_, (qualifier) do hereby assume all liability and understand that my notarized signature will be required on all applications made to the City of Palm Beach Gardens. Further, I understand that this program is voluntary, and that no refund or proration is available for fees paid to participate in the program. I understand that permits will not be issued to me unless all minimum permitting requirements have been met including, but not limited to, insurance and licensing requirements, as well as the issuance of the master permit related to each respective project. Applications for permit received after 4:30 pm on a business day will be processed the following business day. I understand that it is my responsibility to ensure that a permit is received prior to any work commencing or I may be subject to penalty fees as set forth in the City's Master Fees and Charges Schedule.

\_\_\_\_\_  
Qualifier Signature Date

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by

\_\_\_\_\_  
(Name of person acknowledging) (Print, type or stamp Commissioned Name of Notary Public)

Notary \_\_\_\_\_  
(Signature of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_