

AWNING

Please submit/upload plans in PDF format

Applicant must submit the following items:

Please indicate items submitted with a checkmark (✓)

Create online as Permit Type: Building (C) or Building (R) Workclass: Awning

1. Permit application (check appropriate trade) completed and signed _____
2. Survey showing structure with location of awnings and setbacks _____

Required Setback	F	R	S	S
Proposed Setback	F	R	S	S
3. Plans signed/sealed by engineer _____
4. Generic plans shall carefully circle all details that are applicable to this permit so that none of the pertinent data is obscured _____
5. COMMERCIAL & MULTI-FAMILY: PBC Fire Rescue application and fee required _____
6. Sample of proposed awning material with color and flame retardant certification _____

**IF RESIDENT LIVES IN A DEED RESTRICTED COMMUNITY,
OBTAIN HOMEOWNERS ASSOCIATION APPROVAL PRIOR TO COMMENCING WORK**



PALM BEACH COUNTY FIRE-RESCUE
PLANS REVIEW APPLICATION



NO. _____

FP# _____

PERMIT # _____

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY/TOWN: _____

- _____ CONSTRUCTION _____ REVISE _____ ALTERATION
- _____ MULTIPLE DWELLING _____ CIVIL _____ COMMERCIAL
- _____ INTERIOR _____ HOOD SYSTEM _____ FUEL TANK/LINES
- _____ LP GAS _____ FIRE ALARM _____ FIRE SPRINKLER
- _____ FIRE SUPPRESSION _____ HVAC _____ OTHER _____

NAME OF OWNER OR ENGINEER ADDRESS OF OWNER OR ENGINEER

NAME OF CONTRACTOR ADDRESS OF CONTRACTOR

PRINT APPLICANT/ CONTACT NAME APPLICATION DATE

TELEPHONE NUMBER _____ FAX NUMBER \$ _____ VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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