

APPLICATION FOR PAINTING PERMIT CHECKLIST

The following items and materials are required when submitting to the Community Development Department for zoning review:

- Completed Painting Permit Application form.
- Photographs/Renderings of existing structure(s) illustrating all sides and segments of the structure(s). Please include additional structures (ex. refuse enclosures, etc.), as necessary. Identify on the illustrations the proposed paint colors of every architectural element.
- Current Site Plan, or Survey, of the development.
- Hard copy paint samples, or paint chips, of all proposed colors.
- Review fee of \$150.00 (Base Fee) + \$7.50 (Technology Fee)

Permitting may be delayed if required information is missing, illegible or expired.



Community Development Department – Planning Division
 10770 W. Oakland Park Blvd., 2nd Floor - Sunrise, FL 33351
 P: 954.746.3270 F: 954.746.3287

FOR OFFICIAL USE ONLY:

Date: _____

App. No.: _____

Intake By: _____

Entered By: _____

PAINTING PERMIT APPLICATION

All Fields must be completed or indicated "N/A"

Code Violation: NO ___ YES ___ If Yes, Code Case #: _____

Project Name / Subdivision: _____

Job Address: _____

Folio No. _____

Proposed: Base Color: 1) _____ Base Color 2) _____ Base Color 3) _____

Trim Color: _____ Other _____

Multi-Family Nonresidential

Attached Color Photo/Rendering(s) of Existing Structure(s) Attached Site Plan or Survey of Development

Property Owner's Name: _____ Property Owner's Phone #: _____

Property Owner's Address: _____ City/Zip: _____

Contractor Business Name: _____ Business Phone #: _____

Contractor's Address: _____

Qualifier's Name: _____

Qualifier's E-mail Address: _____

Applicant Name: _____ Phone #: _____

Applicant's Address: _____ City/Zip: _____

Applicant's E-mail Address: _____

Inspection Request: Upon completion of work, Applicant/Qualifier must contact the Planning Division to request a paint inspection. Until an inspection is completed and approved, the permit will remain open.

Name (Print): _____ Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Comments	Reviewer Initials	Review Date

Application Approved By _____ **Date:** _____

If additional space is required, please staple sheet(s) to this application.