PALM BEACH COUNTY BUILDING DEPARTMENT
SUPPLEMENTAL DECAL REQUEST FORM

TO BE FILLED OUT BY QUALIFIER

EMAIL request to PZBDecals@pbcgov.org with subject line saying **DECAL REQUEST**

Order Date and Time: _____

ANNUAL PERMIT NUMBER: **DA-2020-** _____ **- 0000**

COMPANY NAME: _____

Contact Name: _____

Contact Number: _____

Email: _____

By my signature below, I (the Qualifier) do hereby affirm and certify that my firm will comply with the Decal Program for all on-site installations that are completed by trained, qualified personnel, and that the property owner was informed of the availability of a separate individual permit with assured inspection, but knowingly selected the random code compliance inspection that may occur with the Annual Permit and Random Inspection Program.

Qualifier Name: _____ License Number: _____

Qualifier must sign each order: _____

DECALS REQUESTED: _____ **Order by 6** **(6, 12, 18…)**

2300 N. Jog Road, West Palm Beach, FL 33411
561.233.5054 Phone

NOTE: Once decals have been printed, a copy of the invoice will be either emailed or faxed to the numbers above. Please have your permit runner bring the invoice to the cashier for decal pickup.