



**CITY OF TAMARAC
BUILDING & CODE COMPLIANCE DEPARTMENT
(954)597-3425
WOODLANDS OVERLAY DISTRICT**

PAINTING PERMIT

OWNER'S NAME	
OWNER'S ADDRESS	
CITY/ZIP	PHONE
CONTRACTOR'S NAME (If Applicable)	
CONTRACTOR'S ADDRESS	
CITY/ZIP	PHONE
JOB ADDRESS	
LOT/BUILDING	BLOCK/UNIT
SUBDIVISION	

DEPARTMENT USE ONLY	
PERMIT NO. _____	DATE ISSUED _____

BASE - Minimum 75%	
<input type="checkbox"/> APPROVED _____	COLOR AND NUMBER _____
<input type="checkbox"/> NOT APPLICABLE	

ACCENT/SECONDARY - Maximum 25%	
<input type="checkbox"/> APPROVED _____	COLOR AND NUMBER _____
<input type="checkbox"/> NOT APPLICABLE	

TRIM - Maximum 10%	
<input type="checkbox"/> APPROVED _____	COLOR AND NUMBER _____
<input type="checkbox"/> NOT APPLICABLE	

TOTAL COVERAGE = 100%

COMMENTS:

_____	_____	_____	_____
OWNER'S SIGNATURE	DATE	REVIEWER'S SIGNATURE	DATE

NOTE: YOUR APPROVED "COLORS" ARE VALID FOR SIX (6) MONTHS FROM DATE OF ISSUANCE.