



Town of Ocean Ridge
6450 N. Ocean Blvd * Ocean Ridge, FL 33435
(561) 732-2635

NO-FEE SUB PERMIT APPLICATION

Application Date: _____ **By:** _____

Primary Permit No: _____ **Sub Permit No:** _____
(This is your permit number)

Owner Name: _____ **Phone:** _____

Permit Address: _____

Sub-Contractor: _____ **Phone:** _____

Qualifier Name: _____ **Signed in my presence on:**
(Please Print) **Date:** _____

Signature: _____
(Notary Signature)

Permit Work Description:

BUILDING DIVISION USE ONLY:

Zoning Official: _____

Building Official: _____ **Date:** _____

Main permit estimated cost of job: _____