



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

PERMIT REVISION APPLICATION

Permit No: _____ Date: _____

To Be Filled Out By Owner, Contractor and/or Authorized Agent

Contractor Name: _____ Phone: _____

Permit Address: _____

Revision Requested:

Applicant Signature: _____ Print Name: _____

Revision will affect: (Circle all that apply)

Building Foot Print Square Footage Structural Roofing
Electrical Plumbing Mechanical A/C Other _____

Will this revision increase the cost of job? _____ If yes, by how much? _____

TOWN USE ONLY:

Building Revision Fee: _____ Paid: _____ Cash/Check No: _____
Cash/Check Only – No Debit/Credit Cards

BUILDING DEPARTMENT USE ONLY:

Zoning Official: _____ Building Official: _____ Date: _____