



DATE: _____

R.C. NUMBER: _____

Palm Beach County
Planning, Zoning and Building Department
Permit Center

BUILDING DIVISION
PERMIT RENEWAL REQUEST

TO BE FILLED OUT BY OWNER, CONTRACTOR AND/OR AUTHORIZED AGENT

NAME: _____ PHONE: _____

PR NUMBER: _____ BUILDING PERMIT NUMBER: _____

CONTACT PERSON: _____ CONTACT PHONE NUMBER: _____

FAX NUMBER: _____ Commercial Residential

Original Permit Request: _____

Permit Applicant Signature

Note: A \$75.00 Research Fee is required at the time a Renewal Request is submitted. This non-refundable fee will be applied towards the total Renewal costs, which may include additional Impact fees, Building Review fees or any and all other applicable fees.

Within 180 Days of Inactive Status: \$ 75.00

After 180 Days of Inactive Status: 30% of Original Permit fee. (Min. \$75.00)

**SECTION REVIEW
STATUS OF PERMIT**

Inactive Expired Status Inspection Finals Only

Number of Previous Renewals: _____ Number of Days Inactive: _____

Inspection History: _____

Building Official _____ Plans Examiner _____

Permit Technician _____ Other _____

Comments: _____

OFFICE USE ONLY

RESEARCH FEE: \$ _____

RENEWAL FEE: \$ 75.00

IMPACT FEES: \$ _____

BUILDING PERMIT FEES: \$ _____

LANDSCAPE FEE: \$ _____

TOTAL AMOUNT DUE: \$ _____



DATE: _____

R.C. NUMBER: _____

**BUILDING DIVISION
PERMIT REVISION REQUEST**

TO BE FILLED OUT BY OWNER, CONTRACTOR AND/OR AUTHORIZED AGENT

NAME: _____ PHONE: _____

PR NUMBER : _____ BUILDING PERMIT NUMBER: _____

CONTACT PERSON: _____ CONTACT PHONE NUMBER: _____

FAX NUMBER: _____ Number of set of plans submitted: _____

Original Permit Request: _____ Commercial Residential

Details of requested changes: _____

Revision will affect: Check ALL that apply.

- Building Foot Print Square Footage Structural Electrical
- Roofing Plumbing Mechanical A/C
- Fire Dry Model to Wet Lot Change Other

A \$75.00 DEPOSIT IS DUE AT TIME OF SUBMITTAL, AND WILL BE APPLIED TOWARDS THE TOTAL BALANCE DUE.

Permit Applicant Signature _____

OFFICE USE ONLY

REVIEW REQUIRED	INITIALS	HOLD
<input type="checkbox"/> Technician	_____	<input type="checkbox"/>
<input type="checkbox"/> Site Plan	_____	<input type="checkbox"/>
<input type="checkbox"/> Fire	_____	<input type="checkbox"/>
<input type="checkbox"/> Plans Examiner	_____	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>

BUILDING REVISION FEE: DEPOSIT \$ 75.00

\$ 20.00 X ___Pages= \$ _____

FIRE REVISION FEE: \$ _____

LANDSCAPE INITIAL FEE: \$ _____

LANDSCAPE REVISION FEE: \$ _____ X _____ Page \$ _____

TOTAL LANDSCAPING FEE \$ _____

TOTAL AMOUNT DUE \$ _____

BUILDING PLANS EXAMINER _____

FIRE PLANS EXAMINER _____

DATE COMPLETED: _____

PICK UP DATE: _____

I UNDERSTAND ADDITIONAL FEE'S WILL BE CHARGED FOR THIS REVISION IN ACCORDANCE WITH PALM BEACH COUNTY'S PERMIT FEE SCHEDULE DURING THE REVIEW PROCESS. THE FEE'S ARE REQUIRED TO BE PAID AT TIME OF PICK UP. THE DEPOSIT PAID AT TIME OF SUBMITTAL WILL BE APPLIED TO THE TOTAL AMOUNT DUE.