## TOWN OF OCEAN RIDGE

BUILDING PERMIT APPLICATION	Permit Number:Zoning District:		
6450 North Ocean Boulevard, Ocean Ridge, Florida 33435	Application Date: OR:		
(561) 732-2635 Main ♦ (561) 737-8359 Fax oceanridgeflorida.com ♦ permit@oceanridgeflorida.com	PCN: 46-43-45		
	FBC Version:Flood Zone:		
Property Owner's Name:	_Phone:		
Permit Address:			
	Point of Contact's Name:		
	Contractor's Certificate of Competency No:		
	Point of Contact Email:		
	City/State/Zip:		
General Description of Permitted Work:			
Cost for additions will be evaluated against the county's current marke	value for calculation of substantial improvements.		
Tax Year: 20 Market Value: \$	-		
Estimated Cost/Project:\$ 2.5% BIF/DCA Total:\$_	Permit Fee:\$		
Engineer/Drainage:\$ Scanning Charge:\$ Gran	d Total:\$ Cash/Check:		
Engineer/Drainage:\$  Scanning Charge:\$  Please attach copy of contract/proposal with permit — Canal Company of the permit — Canal Company of the permit — Canal Company of the permit of	sult in your paying twice for improvements to your property. Inney before recording the Notice of Commencement Installation as indicated on plans and specifications here undersigned, the owner and builder agree no work or installa g/project in full compliance with the state building codes, ordi		
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permit holder of record, will be respor and all related processes and procedure		onstruction the permit holder of record, and all related processes ar	will be responsible and liable for the construction and procedures.
	ble ordinances of the	Town of Ocean Ridge and subject to	pliance with the state building, electrical, policies of the Building Inspector in ac-
Zoning Official:	Date:	Building Official:	Date: