



# TOWN OF OCEAN RIDGE

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## Permit Revision Application

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

Permit No: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permit Address: \_\_\_\_\_

Detailed Description of Revision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes are identified by  Triangles  Clouds  Other \_\_\_\_\_

Increase in Value of Work \$: \_\_\_\_\_

Revision will impact: (Check all that apply)

Building/Structural  Electrical  Mechanical  Plumbing  Fire

Increase Footprint  Zoning  Drainage  Landscape  As-Built

Other \_\_\_\_\_

Applicant acknowledges that copies of revisions will need to be submitted to the Palm Beach County Health Department, Department of Environmental Protection, Florida Department of Transportation, Palm Beach County Building & Zoning Impact Fee Department and/or any other entities that may be impacted. Approvals may be required prior to submitting this revision.

Contractor/Qualifier or Owner/Builder's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### BUILDING DEPARTMENT USE ONLY

Revision Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash/Check No: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_