



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
oceanridgeflorida.com ♦ permit@oceanridgeflorida.com

No-Fee Sub Permit Application

Application Date: _____ Primary Permit No: _____

If permit requires an independent review No-Fee Sub Permit No: _____
(sub-contractor submits additional paperwork (This will be your permit number)
not previously reviewed) there will be a \$50.00 fee.

Owner Name: _____ Phone: _____

Permit Address: _____

Property Control Number: 46-43-45-_____

Permit Work Description: _____

Sub-Contractor Company Name: _____

State Certification No.: _____ Certificate of Competency No: _____

Full Address: _____

Email: _____ Phone: _____

Qualifier Name: _____
(Please Print)

Qualifier Signature: _____

Sworn to (or affirmed) and subscribed before me this _____ day of

_____, 20_____.

NOTARY SEAL

(Notary Signature)

Personally Known: _____ or ID: _____

BUILDING DEPT. USE ONLY

Paid: \$ _____ cash _____ check # _____ Date Paid: _____

Main Permit Valuation: \$: _____ Ocean Ridge: _____

Zoning Official: _____ Date: _____

Building Official: _____ Date: _____