



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

Sub-Permit Application

Master Permit No: _____ Sub-Permit No.: _____

(This will be your permit number)

If permit requires an independent review (sub-contractor submits additional paperwork not previously reviewed with master permit) there will be a minimum of \$50.00 fee.

Owner's Name: _____ Phone: _____

Permit Address: _____

Property Control Number: 46-43-45-_____

Permit Work Description: _____

Sub-Contractor's Company Name: _____

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

Contractor's Complete Address: _____

Email: _____ Phone: _____

Qualifier's Name: _____

(Please Print)

Qualifier's Signature: _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online

notarization on this _____ day of _____, 20_____.

NOTARY SEAL

(Notary Signature)

Personally Known or Type of Identification Produced: _____

BUILDING DEPARTMENT USE ONLY

Fee: \$ _____ Paid: \$ _____ Payment Type: _____ Date Paid: _____

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

Zoning Official: _____ Date: _____

Building Official: _____ Date: _____