



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

Permit Revision Application

To Be Filled Out By Owner/Builder, Contractor, and/or Authorized Agent (Attach Authorization Form)

Permit No: _____ Date: _____

Contractor's Company Name: _____

Phone: _____ Email: _____

Permit Address: _____

Is this revision submittal in regards to plan review comments? Yes No

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: _____

BUILDING DEPARTMENT USE ONLY

Revision Fee: _____ Date Paid: _____ Cash/Check No: _____

Received By: _____ Date: _____

Zoning Official: _____ Date: _____

Building Official: _____ Date: _____