



TOWN OF OCEAN RIDGE

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Permit Revision/Resubmittal Form

Form to be completed by Owner/Builder, Contractor, and/or Authorized Agent (Attach Authorization Form)

Is the attached in regards to plan review comments received? Yes No

If YES, this is considered a resubmittal. Please attach the comment sheet and provide a narrative as to which comments are being addressed. Please submit 2 copies of plans/paperwork for building/structural/trades/zoning and/or 3 copies if resubmittal impacts drainage/landscaping.

Is the attached revising an existing issued permit? Yes No

If YES, this is considered a revision. Please attach updated contract/proposal along with plans and other related paperwork. Please submit 2 copies of plans/paperwork for building/structural/trades/zoning and/or 3 copies if revision impacts drainage/landscaping.

Permit No: _____ Date: _____

Contractor's Company Name: _____

Point of Contact Phone: _____ Email: _____

Permit Address: _____

Detailed Description of Revision/Resubmittal: _____

Changes are identified by Triangles Clouds Other _____ Increase in Value of Work \$: _____

Revision or Resubmittal 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 and/or resubmittal.

Contractor/Qualifier or Owner/Builder's Signature Print Name Date

BUILDING DEPARTMENT USE ONLY

Revision/Resubmittal Fee: _____ Date Paid: _____ Cash/Check No: _____
Please note: Balance may be due after plan review has been completed.

Received By: _____ Date: _____

Zoning Official: _____ Date: _____

Building Official: _____ Date: _____