



**TOWN OF OCEAN RIDGE
BUILDING PERMIT APPLICATION**

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
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FOR OFFICE USE ONLY

Permit Number: _____ Zoning District: _____
Application Date: _____ OR: _____
PCN: 46-43-45 _____
FBC Version: _____ Flood Zone: _____

Property Owner's Name: _____ Phone: _____
Permit Address: _____ Ocean Ridge, FL 33435
Company Name: _____ Point of Contact's Name: _____
Contractor's State Certification No.: _____ Contractor's Certificate of Competency No.: _____
Point of Contact Phone No.: _____ Point of Contact Email: _____
Company Address: _____ City/State/Zip: _____
General Description of Permitted Work: _____

Cost for additions will be evaluated against the county's current market value for calculation of substantial improvements.

Tax Year: 20 _____ Market Value: \$ _____ Assessed Value: \$ _____
Estimated Cost/Project:\$ _____ 2.5% BIF/DCA Total:\$ _____ Permit Fee:\$ _____
Scanning Charge:\$ _____ Grand Total:\$ _____ Check #: _____
Please attach copy of contract/proposal with permit — Cash/Check Only – No Debit/Credit Cards

WARNING TO OWNER: Failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording the Notice of Commencement.
NOTICE: Application is hereby made to obtain a permit to do the work and installation as indicated on plans and specifications herewith submitted. Now, therefore, in consideration of the granting of this permit, the undersigned, the owner and builder agree no work or installation has commenced prior to issuance of this permit and to construct this building/project in full compliance with the state building codes, ordinances, and regulations of the Town of Ocean Ridge, Florida, and all provisions of the laws of the State of Florida, whether herein specified or not. I understand that a separate permit must be secured for electrical, plumbing, gas, pools, heating, air conditioning, walls, and driveways. A copy of this permit together with one copy of approved plans and specifications must be kept at the building/project site during progress of work. **DISCLAIMER:** A building permit does not grant permission to violate the rules of an HOA, if applicable.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate, that all work will be done in compliance with all applicable laws regulating construction and zoning. Furthermore, I authorize the above-named contractor to do the work stated.

PROPERTY OWNER/AUTHORIZED AGENT OR OWNER/BUILDER SECTION <i>(if Authorized Agent, attach notarized authorization letter)</i>	
Property Owner/Duly Authorized Agent/Owner/Builder Signature	
Printed Name/Identification	
NOTARY	
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____.	
Notary Signature	Stamp
Personally Known: _____ or ID: _____	

CONTRACTOR/QUALIFIER OR OWNER/BUILDER SECTION	
Contractor/Qualifier or Owner/Builder Signature	
Printed Name/Identification	
NOTARY	
Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____.	
Notary Signature	Stamp
Personally Known: _____ or ID: _____	

BUILDING DEPARTMENT USE ONLY

Permission is hereby granted for construction in accordance with above application and in compliance with the state building, electrical, and plumbing codes and all applicable ordinances of the Town of Ocean Ridge and subject to policies of the Building Inspector in accordance therewith. **Permits may be required by other licensing agencies.**

Zoning Official: _____ Date: _____ Building Official: _____ Date: _____