



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
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No-Fee Sub Permit Application

Application Date: _____

Primary Permit No: _____

Sub Permit No: _____
(This is your permit number)

Owner Name: _____ Phone: _____

Permit Address: _____

Property Control Number: 46-43-45-_____

Permit Work Description: _____

Sub-Contractor Company Name: _____

Sub-Contractor License Number: _____

Address: _____ Phone: _____

Qualifier Name: _____

Qualifier Signature: _____
(Please Print)

Sworn to (or affirmed) and subscribed before me this _____ day of
_____, 20____.

NOTARY SEAL

(Notary Signature)

Personally Known: _____ or ID: _____

Building Department Use Only:

Main Permit Valuation: _____ Ocean Ridge: _____

Zoning Official: _____ Date: _____

Building Official: _____ Date: _____