



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
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Right-of-Way Parking Permit Application

Building Permit No.: _____ ROW Parking Permit Number(s): _____

Company/Contractor's Name: _____

Point of Contact: _____

Point of Contact Phone: _____

Point of Contact Email: _____

Permit Address: _____

Right-of-Way Parking Description (please attach site plan): _____

Note: FDOT Right-of-Way Parking Permit may be required. If you already have an FDOT Right-of-Way Parking Permit, please attach it to this application.

Right-of-Way permits will be returned to Town Hall prior to the issuance of a Certificate of Occupancy or Final Building inspection.

Contractor/Qualifier's Signature **Date**

BUILDING DEPARTMENT USE ONLY

Permit Fee: \$ _____ (\$50/each–Max. 2) Cash/Check No.: _____ Received By: _____

Permission is hereby granted to park on the Right-of-Way at the following location: _____

in accordance with the Ordinances in effect at the time of issuance. Violations of the conditions of this permit shall result in immediate revocation.

Building Official **Date**

Copy Distribution: Original – Town Hall Contractor