



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ (561) 737-8359 Fax
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Change of Permit Status Request

Please note: Form to be filled out by Property Owner, Contractor, or Authorized Agent (attach Authorized Agent Letter)

Date: _____ **Permit Number:** _____

Permit Address: _____

Name: _____ **Phone:** _____
(Please Print)

Email: _____

Original Permit Scope: _____

Applicant is requesting one of the following to be approved by the Building Official:

- Administratively Close Building Permit (work commenced, no inspections and/or final inspections conducted)
- Cancellation of Building Permit (no work commenced)
- Renew Building Permit one time for an additional 6 months

By signing, I certify that the above is true and accurate.

Applicant Signature: _____ **Date:** _____

BUILDING DEPARTMENT USE ONLY

Fee Due: \$50.00 (cash or check _____) Date: _____ OR: _____
(No fee for the cancellation of a permit.)

Building Official: _____ **Date:** _____