



# TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435  
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## Permit Revision Application

*To Be Filled Out By Owner, Contractor, and/or Authorized Agent*

Permit No: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permit Address: \_\_\_\_\_

Revision Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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Revision will impact: (Circle all that apply)

Building Foot Print	Square Footage	Structural	Roofing
Electrical	Plumbing	Mechanical	A/C

Other \_\_\_\_\_

Will this revision increase the cost of job? \_\_\_\_\_ If yes, by how much? \_\_\_\_\_

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### BUILDING DEPARTMENT USE ONLY:

Building/Drainage Revision Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

Cash/Check No: \_\_\_\_\_ Cash/Check Received By: \_\_\_\_\_

Zoning Official: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_