

# TOWN OF OCEAN RIDGE

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## LETTER OF TRANSMITTAL FORM

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

Contractor's Company Name: \_\_\_\_\_

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

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

Attached are the following items (please describe each item submitted):

ITEM #	COPIES	DESCRIPTION
1		
2		
3		
4		
5		
6		

*Use additional form if more than six items.*

Attached, please find the following items for review (check all that apply):

- |  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> As-Built            | <input type="checkbox"/> Fire       | <input type="checkbox"/> Plumbing    |
| <input type="checkbox"/> Building/Structural | <input type="checkbox"/> Landscape  | <input type="checkbox"/> Zoning      |
| <input type="checkbox"/> Drainage/Civil      | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrical          |                                     |                                      |

Items submitted are in response to:

- 10-Day Sufficiency Review - *(in response to incomplete application)*  
 Plan Review Comments - *(in response to plan review comments)*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Print Name

\_\_\_\_\_  
Date

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**BUILDING DEPARTMENT USE ONLY**

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

Engineering Official: \_\_\_\_\_ Date: \_\_\_\_\_