

# TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435  
561.732.2635 Main ♦ [permits@oceanridgeflorida.com](mailto:permits@oceanridgeflorida.com) ♦ [www.oceanridgeflorida.com](http://www.oceanridgeflorida.com)



## Sub-Permit Application

Master Permit No: \_\_\_\_\_ Sub-Permit No.: \_\_\_\_\_  
(This will be your permit number)

If the sub-permit requires an independent plan review (sub-contractor submits additional paperwork not previously reviewed with master permit) there will be a minimum of a \$50.00 fee.

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Property Control Number: 46-43-45-\_\_\_\_\_

Permit Work Description: \_\_\_\_\_

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

State Certification No.: \_\_\_\_\_ Certificate of Competency No: \_\_\_\_\_

Contractor's Complete Address: \_\_\_\_\_

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

Qualifier's Name: \_\_\_\_\_  
(Please Print)

Qualifier's Signature: \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online  
notarization on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
(Notary Signature)

Personally Known or  Type of Identification Produced: \_\_\_\_\_

### BUILDING DEPARTMENT USE ONLY

Fee: \$ \_\_\_\_\_ Paid: \$ \_\_\_\_\_ Payment Type: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Main Permit Valuation: \$: \_\_\_\_\_ Ocean Ridge: \_\_\_\_\_

Plans Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Plans Examiner: \_\_\_\_\_ Date: \_\_\_\_\_