



TOWN OF OCEAN RIDGE

6450 North Ocean Boulevard, Ocean Ridge, Florida 33435
(561) 732-2635 Main ♦ permit@oceanridgeflorida.com ♦ oceanridgeflorida.com

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: _____