



TOWN OF OCEAN RIDGE

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

REVISION FORM

Permit Application No: _____ Date: _____

Contractor's Company Name: _____

Cell Phone: _____ Email: _____

Permit Address: _____

Attached are the following items (please describe each item submitted and all changes included):

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 | | |

Changes are identified by:

- | | | |
|------------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Triangles | <input type="checkbox"/> Clouds | <input type="checkbox"/> Other _____ |
|------------------------------------|---------------------------------|--------------------------------------|

Items submitted are in response to:

- Revision - *(revised drawings/plans on an issued permit)*
- Building/Zoning/Engineering Field Revision - *(revised drawings/plans on an issued permit)*
- Increase in Value of Work \$ _____ (Balance may be due after plan review has been completed.)

Please attach updated scope of work along with plans and other related paperwork. Please submit 2 sets of plans/paperwork for building/structural/trades/zoning and/or 3 sets if revision impacts drainage, civil, and/or landscaping.

Applicant acknowledges that copies of revisions will need to be submitted to the Palm Beach County Health Department, Department of Environmental Protection, Florida Department of Transportation, Palm Beach County Building & Zoning Impact Fee Department and/or any other entities that may be impacted. Approvals may be required prior to submitting this revision and/or resubmittal. Any incomplete portions of this document and submittals may result in additional comments and/or rejection of application.

Applicant's Signature	Applicant's Print Name	Date
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BUILDING DEPARTMENT USE ONLY

Fee: _____ Date Paid: _____ Payment Type: _____ Initials: _____

Zoning Official: _____ Date: _____ Building Official: _____ Date: _____

Engineering Official: _____ Date: _____