CITY OF ORMOND BEACH
BUILDING DEPARTMENT
22 S. Beach St. Room 104
386-676-3233 Phone

SUBMITTAL INFORMATION

Received By:_____

DATE:_____ **PERMIT #:** _____

SECTION A: MUST BE COMPLETED BY PERMIT APPLICANT

RESIDENTIAL & COMMERICAL – 2 COPIES OF DOCUMENTS
RESPONSE TO COMMENTS MUST BE INSERTED INTO ORIGINAL DOCUMENTS
*****NO FAXED COPIES*****
NOTE: INCOMPLETE FORMS WILL BE RETURNED TO APPLICANT

_____ / _____
JOB SITE ADDRESS **CONTRACTOR NAME**

_____ / _____
CONTACT NAME **CONTACT EMAIL**

_____ / _____
CONTACT PHONE # **FAX #**

CHECK ONE: ☐ **RESPONSE TO COMMENTS** ☐ **RE-SUBMITTAL** ☐ **MODIFICATION**

MUST SPECIFY INFORMATION SUBMITTED:

_____

_____

_____

Additional Job Cost Amount for this Submittal: $_____ Check if no additional cost ___

SECTION B: DEPARTMENT REVIEW (OFFICE USE ONLY)

PLAN REVIEW: INITIALS ____ DATE_____ APPROVED_____ REJECTED_____
COMMENTS:_____

_____

PLAN REVIEW TIME IN:_____ TIME OUT:_____ (FOR MODIFICATION, $30.00 MINIMUM OR 15% OF ORIGINAL PERMIT FEE WHICHEVER IS GREATER) 30 MIN.+

PLAN RESUBMITTAL: ___RESIDENTIAL($30.00) ___COMMERCIAL (BASED ON VALUATION)