



**CITY OF ORMOND BEACH BUILDING DEPARTMENT**

22 S. Beach St. Room 104

386-676-3233 Phone

Please submit to: [bponline@ormondbeach.org](mailto:bponline@ormondbeach.org)

**SUBMITTAL INFORMATION**

DATE: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

**SECTION A: MUST BE COMPLETED BY PERMIT APPLICANT**

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

**\*\*\*\*\* NOTE: INCOMPLETE FORMS WILL BE RETURNED TO APPLICANT \*\*\*\*\***

\_\_\_\_\_  
JOB SITE ADDRESS / CONTRACTOR NAME

\_\_\_\_\_  
CONTACT NAME / CONTACT EMAIL

\_\_\_\_\_  
CONTACT PHONE # / FAX #

**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)**