



CITY OF ORMOND BEACH

v5.021721

Planning Department

22 South Beach Street, Ormond Beach, FL 32174

Tel: (386) 676-3233

Please submit to: bponline@ormondbeach.org

**COMMERCIAL RE-PAINT APPLICATION
(existing structures only)**

For Planning Department Use

Application Number

Date Submitted

APPLICANT INFORMATION

This application is being submitted by Property Owner Agent, on behalf of Property Owner**

Name

Full Address

Telephone Email

** If this application is being submitted by a person other than the property owner, please provide the following Property Owner Information as well as a notarized letter designating you as agent.

PROPERTY OWNER INFORMATION***

Name

Full Address

Telephone Email

***If the property owner does not reside on the property for which the application refers, please provide the following Property Details.

PROPERTY DETAILS

Full Address

COLOR DETAILS

Provide a color sample to include paint brand/manufacturer's paint number. Any color deviation from earth tones and pastels must not exceed 20% coverage.

Exterior Wall Color Fascia Color

Trim Color Other

CERTIFICATION

By submitting this application, I hereby certify that the information provided above is true and correct to the best of my knowledge, I am aware of the application submittal requirements and review process for this application, and I affirm that I am the person who has the authority to apply for this commercial paint permit.

Signature: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of ____, 20__, by _____
as _____ (title*) for _____ (name of corporation*), who () provided
_____ as identification, or () who is personally known to me.

Notary Public, State of Florida
My Commission Expires:

* If you are executing this document on behalf of a corporation please complete the spaces with your title and the name of your company as indicated.