



TOWN OF OCEAN RIDGE

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

Building Department Inspection Request

Permit Number: _____ Inspection Date Requested: _____

Type of Inspection Request: _____

Permit Address: _____ Unit Number: _____

Association/Condo Name: _____ Gate Code: _____

Contractor/Company Name: _____

Point of Contact Name: _____ Point of Contact Phone Number: _____

Permit Package is located: _____

All information above shall be accurate, complete, and emailed to permit@oceanridgeflorida.com between office hours Monday – Friday 8:30am-3pm in order for the inspection to be scheduled by the requested date. A confirmation reply by staff will be emailed to the requester. If you do not receive a confirmation email, please call 561-732-2635 during office hours.

If information on this form is not accurate and/or complete the inspection will not be scheduled.

Permit package shall be posted on the job site and available to the inspector. The contractor or property owner shall make the property available for the inspector on the day of the inspection. The inspector will not access the property if no one is home.

All reinspection fees must be paid prior to scheduling an inspection. Work hours are Monday – Friday 8am-6pm and on Saturday 8am-1pm. No building inspection shall be scheduled on federal holidays.

INTERNAL USE ONLY

NOT INSPECTED ACCEPTED CONDITIONAL REJECTED

INSPECTOR _____

REINSPECTION FEE?

NOTES _____

