

Revisions



CITY OF LIGHTHOUSE POINT
BUILDING/ZONING ENFORCEMENT DIVISION

REVISION NO. _____
PERMIT NO. _____

DATE _____

CHECK NO. _____

OFFICE USE ONLY

Rev. July 14, 2005

OWNER'S NAME	JOB DATA		
OWNER'S ADDRESS			
CITY ZIP PHONE	REVISED	\$/#	FEE
CONTRACTING FIRM	JOB VALUE COST	_____	_____
MAILING ADDRESS	ADDITIONAL OUTLETS	_____	_____
CITY ZIP PHONE	ADDITIONAL FIXTURES	_____	_____
JOB ADDRESS	OTHER	_____	_____
LOT BLOCK SUBDIVISION	PLAN REVIEW	_____	_____
TYPE OF WORK REVISION	CODE TAX	_____	_____
	NON-REFUNDABLE DEPOSIT PAID	_____	_____
		_____	_____
	TOTAL AMOUNT DUE	_____	_____

WORK DESCRIPTION: The application must contain an accurate description of the change(s) for which you are applying.

NOTICE:

- In addition to requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies.

NOTE:

- Time Limitation - Section 104.9.3 FBC
- Plans must be on job before inspections will be made.
- Obtain certificate of occupancy before using completed building.
- This application **MUST** have all information completed to avoid delays.

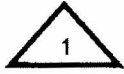
QUALIFIER/OWNER-BUILDER NAME
(print) _____ (sign) _____

FOR INSPECTIONS ONLY— 954-784-3449 before 3:00 p.m.
Inspections will be made
on or about the following day after request.

NOTE: Any approved or plans requiring revisions or changes will require that each change be "clouded" and a detailed errata sheet/letter listing and describing every revision by sheet/page.

The plans shall show the following:

- Change symbol with the appropriate revision number.
- Date of revisions.
- Sealed by architect of record.



Department	Hours	Approved	Denied	Date	Initial	Remarks
Zoning						
Structural						
Electrical						
Plumbing						
Mechanical						
Fire						
Engineer						