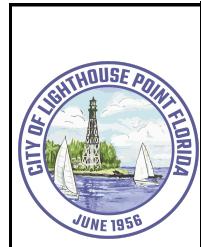


Revisions



CITY OF LIGHTHOUSE POINT BUILDING/
ZONING ENFORCEMENT DIVISION
REVISION NO. _____

DATE _____

OFFICE USE ONLY

PERMIT NO. _____

Rev. 07/06/2023

OWNER'S NAME

OWNER'S ADDRESS

CITY ZIP PHONE

CONTRACTING FIRM

MAILING ADDRESS

CITY ZIP PHONE

JOB ADDRESS

LOT BLOCK SUBDIVISION

TYPE OF WORK REVISION

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

QUALIFIER/OWNER-BUILDER NAME

(print) _____ (sign) _____

JOB DATA

REVISED	\$/#	FEE
JOB VALUE COST	_____	_____
ADDITIONAL OUTLETS	_____	_____
ADDITIONAL FIXTURES	_____	_____
OTHER	_____	_____
PLAN REVIEW	_____	_____
CODE TAX	_____	_____
NON-REFUNDABLE DEPOSIT PAID	_____	_____

TOTAL AMOUNT DUE

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.

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:

1. Change symbol with the appropriate revision number.
2. Date of revisions.
3. Sealed by architect of record.



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