



PERMIT REVISION REQUEST

City of Riviera Beach Development Services Building Division

600 W Blue Heron Blvd Riviera
Beach, FL 33404
(561) 845-4020 Phone

DATE:

REV NUMBER: _____

WEB [SITE: www.rivierabch.com](http://www.rivierabch.com)

PRIMARY PERMIT NUMBER: _____ SUB-PERMIT NUMBER (if applicable) _____

PROJECT ADDRESS: _____

NAME (Owner/Builder or Contractor): _____

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Additional value, if applicable: _____

Details of requested changes:

Revision will affect:

Check ALL that apply.

- | | | | |
|--|---|-------------------------------------|-------------------------------------|
| ☐ Building Foot Print | ☐ Square Footage | ☐ Structural | ☐ Electrical |
| ☐ Roofing | ☐ Plumbing | ☐ Mechanical | ☐ A/C |
| ☐ Fire | ☐ Dry Model to Wet | ☐ Lot Change | ☐ Other |

Revision Authorized Signature _____

Printed Name: _____ Contact Number: _____

I AM AUTHORIZED TO SUBMIT THIS REVISION REQUEST ON BEHALF OF THE PROPERTY OWNER OR CONTRACTOR OF RECORD. I UNDERSTAND THAT A FEE WILL BE CHARGED FOR THIS REVISION IN ACCORDANCE WITH THE CITY OF RIVIERA BEACH CONSTRUCTION PERMIT FEE SCHEDULE. I UNDERSTAND THAT A \$50.00 REVISION DEPOSIT IS REQUIRED TO BE PAID AT THE TIME OF SUBMITTAL AND THE BALANCE OF FEES DUE ARE REQUIRED TO BE PAID AT TIME OF PICK UP.

OFFICE USE ONLY

Base Revision Fee \$50.00

Total Amount Due: \$ _____

Review Required	Date In	Reviewer	App	Dis	Comments:	Date out
Building						
Electrical						
Plumbing						
Mechanical						
Engineering						
Fire						
Zoning						
Other						

Permit Technician Comments:

