



DATE: _____

RENEWAL NO. _____

PERMIT CENTER
PERMIT RENEWAL REQUEST

TO BE FILLED OUT BY OWNER, CONTRACTOR AND/OR AUTHORIZED AGENT

*IF THE CONTRACTOR IS DIFFERENT FROM THE ORIGINAL CONTRACTOR, A CHANGE OF CONTRACTOR FORM MUST ACCOMPANY THIS FORM.

NAME: _____ PHONE: _____

PR NUMBER: _____ BUILDING PERMIT NUMBER: _____

CONTACT PERSON: _____ CONTACT PHONE NUMBER: _____

EMAIL: _____ Commercial Residential

Original Permit Scope: _____

Permit Applicant Signature

I AM AUTHORIZED TO SUBMIT THIS RENEWAL REQUEST ON BEHALF OF THE PROPERTY OWNER OR CONTRACTOR OF RECORD. I UNDERSTAND THAT A FEE WILL BE CHARGED FOR THIS RENEWAL IN ACCORDANCE WITH THE PALM BEACH COUNTY CONSTRUCTION PERMIT FEE SCHEDULE. I UNDERSTAND A \$75.00 RESEARCH FEE IS REQUIRED AT THE TIME A RENEWAL REQUEST IS SUBMITTED. THIS NON-REFUNDABLE FEE WILL BE APPLIED TOWARDS THE TOTAL RENEWAL COSTS, WHICH MAY INCLUDE ADDITIONAL IMPACT FEES, BUILDING REVIEW FEES OR ANY AND ALL OTHER APPLICABLE FEES.

**SECTION REVIEW
STATUS OF PERMIT**

Inactive Expired Status Inspection Finals Only

Number of Previous Renewals: _____ Number of Days Inactive: _____

Inspection History: _____

Building Official: _____ Plans Examiner: _____

Permit Technician: _____ Other: _____

Comments: _____

OFFICE USE ONLY

RESEARCH FEE:	\$	_____
RENEWAL FEE:	\$	75.00
IMPACT FEES:	\$	_____
BUILDING PERMIT FEES:	\$	_____
LANDSCAPE FEE:	\$	_____
TOTAL AMOUNT DUE:	\$	_____