



City of Belle Glade

Planning and Building Dept.
110 Dr. Martin Luther King Jr. Blvd W
(561)996-0100
www.bellegladegov.com

Permit Renewal Request

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

DATE: _____

OWNER NAME: _____ SITE ADDRESS: _____ PHONE: _____

CONTRACTOR: _____ PHONE: _____ EMAIL: _____

PERMIT NUMBER: _____ COMMERCIAL: _____ RESIDENTIAL: _____

ORIGINAL SCOPE OF WORK: _____

Permit Applicant Signature: _____ DATE: _____

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 CITY OF BELLE GLADE CONSTRUCTION PERMIT RENEWAL FEES. I UNDERSTAND THAT A FEE IS REQUIRED AT THE TIME THE RENEWAL REQUEST IS SUBMITTED. THIS FEE WILL BE APPLIED TOWARDS THE TOTAL RENEWAL COST OF THE PERMIT ONLY.

SECTION REVIEW STATUS OF PERMIT

INACTIVE: _____ EXPIRED: _____ INSPECTION STATUS: _____ FINAL ONLY: _____

NUMBER OF RENEWALS: _____ NUMBER OF DAYS INACTIVE: _____ INSPECTION HISTORY: _____ OTHER: _____

COMMENTS: _____

RENEWAL FEE: _____

BUILDING OFFICIAL NAME: _____ SIGNATURE: _____ DATE: _____