



**Town of Ponce Inlet**  
 Planning & Development Dept.  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2181 (voice)  
 386-322-6717 (fax)

**POST-PERMIT MODIFICATION  
 APPLICATION – NO FINAL  
 DEVELOPMENT ORDER REQUIRED**  
 Pursuant to Article III, Section 3.2.4 of the  
 Land Use and Development Code

Submittal Receipt # and Date: \_\_\_\_\_

Application #: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

This application is to be used only for modifications to projects exempt from the issuance of a Final Development Order pursuant to Article III, Section 3.5.3 of the Land Use and Development Code.

Please Note: Failure to *fully complete* all the applicable items will result in the application being deemed incomplete and no further action will be taken.

**SECTION 1: PROPERTY INFORMATION**

Property Address	
Tax Parcel Number(s)	
Legal Description	

**SECTION 2: PROPERTY OWNER INFORMATION**

Owner's Name		Mailing Address	
Phone		Fax	
Email			

Proof of Ownership provided: \_\_\_\_\_

**SECTION 3: APPLICANT/AGENT INFORMATION (if not property owner)**

Applicant Name		Mailing Address	
Phone		Fax	
Agent Name/Title		Mailing Address	
Phone		Fax	

**SECTION 4: CHANGES REQUESTED**

Pursuant to Section 3.2.4 of the Land Use and Development Code, "After a permit has been issued, it shall be unlawful to change, modify, alter, or otherwise deviate from the terms or conditions of the permit without first obtaining a modification of the permit. A modification may be applied for in the same manner as the original permit. A written record of the modification shall be entered upon the original permit and maintained in the files of the development code administrator."

Original Development Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**SECTION 5: SUBMITTAL REQUIREMENTS**

Pursuant to Chapter 1, Section 106 of the BOAF Model Administration Code, two copies of each required document shall be submitted for review.

The following information shall be attached as part of this permit:

- A narrative description and reasons for the request
- Revised plans showing the modifications, sealed and drawn to scale with sufficient detail for review
- Approvals for these revisions from any other permitting body.

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate.

\_\_\_\_\_  
Signature of Applicant or Agent

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF VOLUSIA

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally known to me or who has produced  
\_\_\_\_\_ (type of ID) as identification.

\_\_\_\_\_  
Notary Public

My commission expires: