



MARTIN COUNTY BUILDING DEPARTMENT
900 SE RUHNKE STREET
STUART, FL 34994
PHONE (772) 288-5437
FAX (772) 288-5914
EMAIL codeenforcement@martin.fl.us

Code Compliance Division
Permit Renewal Request

TO BE COMPLETED BY OWNER and/or CONTRACTOR

DATE: _____ PERMIT NUMBER: _____
 CONTACT NAME: _____ PHONE NUMBER: _____
 OWNER'S NAME: _____ EMAIL ADDRESS: _____
 PERMIT ADDRESS: _____

COPIES REQUIRED: Yes No Commercial Residential
 REVISIONS/CORRECTIONS: Yes No

 Owner and/or Contractor's Signature

******* OFFICE USE ONLY *******

STATUS OF PERMIT: The above permit has been inactive for _____ days

Final inspection only: YES NO

Date and type of last inspection: _____ Inspection history has been attached.

Number and date(s) of previous renewals: _____

Comments: _____

Renewal fees due: \$ _____

Applicant notification: Date: _____ NBF NBE NBP

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