



Building Division
12300 Forest Hill Boulevard
Wellington, FL 33414
Phone: (561) 753-2430 Fax: 561-791-4045
www.wellingtonfl.gov

EXPEDITED OUT OF SEQUENCE PLANS REVIEW

DATE: _____

(PRINT ALL INFORMATION CLEARLY)

PERMIT NUMBER: _____

PROJECT STREET ADDRESS: _____

APPLICANT: _____

PHONE NUMBER: _____ FAX NUMBER: _____

By signing this form, I understand that the plans are accepted for processing and reviewing under standard Wellington policy and procedure defining review times and fee schedules and that an overtime review is based upon the availability of the appropriated plans examiner within ½ the normal review time after zoning approval. If an overtime review is performed within ½ of the normal review time for this type pf project, additional fees will be assessed as calculated below and collected at the time of permit issuance. If an overtime review is not performed, only the regular fees will be assessed.

SIGNED: _____

AUTHORIZED AGENT FOR APLLICANT

OFFICIAL USE ONLY

RESIDENTIAL: \$200.00

COMMERCIAL: \$500.00

(ADDITIONAL FEE PER HOUR \$75.00) – TWO (2) HOUR MINIMUM $\frac{\text{HOURS}}{\text{HOURS}} \times \$75.00 = \text{TOTAL DUE}$

PAID: _____

BALANCE DUE: _____

Customer Information Associate: _____

Plans Examiner: _____