



COMMUNITY DEVELOPMENT
Building and Safety

**PERMIT REVISION/DEFERRED
SUBMITTAL APPLICATION**

FOR OFFICE USE ONLY	
REVISION #:	_____
PLAN CHECKER:	_____
DATE:	_____
TARGET DATE:	_____

PROJECT ADDRESS		SUITE	PRODUCT NAME
TRACT	LOT	UNITS	VILLAGE

PLAN CHECK NUMBER	APPLICANT/COMPANY NAME	CONTACT
PERMIT NUMBER(S)	ADDRESS	PHONE
	CITY	ZIP
		EMAIL

A REVISION IS A MODIFICATION OF THE ORIGINAL SCOPE OF WORK.

1. CHANGES WILL AFFECT ALL OF THE FOLLOWING: ARCHITECTURAL/STRUCTURAL ELECTRICAL MECHANICAL PLUMBING

2. IS THIS A NOTICE TO CORRECT FROM AN INSPECTOR? YES NO If YES, you must attach a copy of the Notice To Correct.

3. DOES REVISION AFFECT PLANNING/OCFA APPROVALS? YES NO If YES, additional sets may be required.

4. IS THIS A DEFERRED SUBMITTAL ITEM? YES NO

DESCRIPTION OF REVISION (List ALL revisions/changes shown on plans or attach detailed list/narrative)

NOTE: Any changes not listed will NOT be reviewed or approved.

APPLICANT SIGNATURE **DATE**

FOR OFFICE USE ONLY Permit required for additional: ARCHITECTURAL/STRUCTURAL ELECTRICAL MECHANICAL PLUMBING

TO: _____, BUILDING: _____, PLANNING: _____, GRADING: _____, ENGINEERING: _____, FIRE DEPT:	APPROVED BY: _____ _____ _____ _____ _____	REVISION FEES: _____ HOURS @ _____ \$ _____ HOURS @ _____ \$ _____ HOURS @ _____ \$ _____ HOURS @ _____ \$ _____ HOURS @ _____ \$