REVISION #: _____
PLAN CHECKER: _____
DATE: _____
TARGET DATE: _____

APPLICATION FOR PERMIT REVISION

PROJECT ADDRESS: _____
PERMIT NUMBER: _____ PLAN CHECK #: _____
APPLICANT'S NAME: _____ TITLE: _____
ADDRESS: _____ PHONE: _____

REVISIONS MAY BE MADE PRIOR TO A PERMIT BEING FINALED. IF A PERMIT HAS BEEN FINALED, A NEW PERMIT WILL BE REQUIRED. IN SOME CASES, A PLAN REVIEW MAY BE REQUIRED.

THE FOLLOWING REVISIONS HAVE BEEN MADE TO THE ABOVE PROJECT:

- ☐ Setbacks
- ☐ Building locations
- ☐ Parking layout and/or parking summary
- ☐ % of landscaping
- ☐ Any land use or square footage
- ☐ Relocation of mech. equipment to rooftop
- ☐ Re-design of the site plan
- ☐ Height of any building, architectural feature, antenna or flagpole
- ☐ Mechanical equipment on the ground
- ☐ Additional plumbing/electrical/mechanical fixtures (take-off sheet required)
- ☐ OTHER REVISIONS NOT LISTED ABOVE

DESCRIPTION OF REVISION (List all the revisions or "changes" shown on plans:

_____
_____

BY: _____ DATE: _____
APPLICANT

FOR CITY USE ONLY

Permit required for additional P / E / M fixtures (circle one)

TO:	APPROVED BY:	REVISION FEES:	
BUILDING		HOURS @	$
PLANNING		HOURS @	
GRADING		HOURS @	$
ENGINEERING		HOURS @	$
FIRE DEPT.		HOURS @	$
SUBMITTAL RECEIPT #:	DATE:	(LESS PAID)	$
		Plan Check Total	$
		Microfilm	$
ISSUANCE RECEIPT #: _____	DATE: _____	BALANCE DUE	$