

REVISIONS FOR ISSUED PERMITS ONLY!

THIS FORM IS **NOT** FOR RESPONSES TO PLAN REVIEW DEPARTMENT COMMENTS

RESIDENTIAL

COMMERCIAL

ALL REVISIONS MUST BE CLOUDED BY THE DESIGN PROFESSIONAL

Date: _____

Permit Number: _____ Address of Job Site: _____

Contractor: _____

Contact Person: _____

Phone Number: Cell: _____ Office: _____

Fax Number: _____

PURPOSE OF REVISION: _____

FOR OFFICE USE ONLY:

NOTE: COMMERCIAL REVISIONS TO BE ROUTED TO THE ORIGINAL PLANS EXAMINER.

PLANS EXAMINER: _____

RECEIVED BY: _____ DATE: _____

REVISION ROUTED TO: **Planning** **Engineering** **Health** **CVB Planning**

REVIEWED BY: _____ DATE: _____

FEES _____ **OTHER:** _____

RESULTS **OK** **REJECTED**

REJECTIONS: _____

Contacted: _____ to pick-up revisions. **Voice mail**

Contacted by: _____ Date: _____