



REVISIONS FOR PERMITTED PROJECTS

Date Received: _____

Date of Revision: _____ Permit#: _____

Number of Plans: _____ [SIGNED AND SEALED] [CD]

Commercial (3 Sets of Signed & Sealed Plans w/CD)

Residential: (2 Sets Signed & Sealed Plans)

Project Name:

Project Address:

Contractor's Name:

Phone #: _____ Fax/Cell#: _____

Contact Person To Call: _____

Detailed Description of Revision:

REVISIONS:

1. Must be accompanied with a narrative of changes and/or corrections.
2. Must be clouded.
3. Revisions 1st Time Submittal: \$25.00.
2nd-3rd Time: \$50.00 Per Page.
4th and Additional 1/3 Building Permit Fee.