



COMMUNITY DEVELOPMENT
RESOURCE AGENCY

BUILDING SERVICES DIVISION

Date:

Permit Number:

PLAN REVISION FORM

PROVIDE A COMPLETE ANSWER FOR ALL ITEMS. ALL CHANGES MUST BE CLOUDED ON PLANS.

Address:

Owner:

Contact Number:

Phone Number:

Email:

What is the scope of your revisions / resubmittal?

Are you submitting a structural change? [] YES [] NO

Are you replacing Plan Sheets? [] YES [] NO

If sheets are being replaced, please list which sheets:

Has your square footage changed? [] YES [] NO

If square footage changed, how much and where?

If required, has your HOA approved your revision / resubmittal? [] YES [] NO [] N/A

Date: Signature:

For office use only:

- [] Revisions / Resubmittal
[] Building Division
[] Planning Division
[] Engineering & Surveying
[] Environmental Engineering
[] Environmental Health