# City of Arroyo Grande

**Community Development Department**
300 E Branch Street, Arroyo Grande, CA 93420
(805) 473-5450 FAX (805) 473-5458


# APPLICATION FOR REVISION

**PROJECT ADDRESS:** _____

**APPLICANT INFORMATION:** EMAIL _____

NAME_____PHONE NUMBER_____

**CONTRACTOR INFORMATION:** EMAIL _____

NAME_____PHONE NUMBER_____

LICENSE NUMBER_____CLASSIFICATION _____

**PURPOSE OF REVISION:**

_____

_____

_____

VALUATION OF REVISION_____REVISED TOTAL VALUATION_____

**ORIGINAL PERMIT NUMBER** _____

I, the undersigned, am applying for a revision to the approved plans as indicated on the accompanying construction documents. I understand that it is my responsibility to have the approved construction documents on site for inspection, and that the work submitted here will not commence prior to approval from the Community Development Department.

**APPLICANT SIGNATURE**_____DATE _____