



CITY OF PORT ORCHARD

Permit Center

Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@portorchardwa.gov

REVISED SUBMITTAL FORM

Please check with the City's Primary Contact (the Assigned Lead for this project) before submitting revisions using this form.

ALL REVISIONS MUST BE SUBMITTED TO THE PERMIT CENTER

1. PROJECT INFORMATION.

Permit Number:

Project Name:

Site Address/Vicinity Location:

Tax Assessor's ID Number(s):

Assigned Lead Name (City Staff Contact):

2. CONTACT INFORMATION.

Contact Name:

Mailing Address:

Phone Number:

Email Address:

3. ACKNOWLEDGEMENT.

I have previously discussed the proposed revisions with the City's Assigned Lead on this project.

Select one: ☐ Yes ☐ No

Signature _____ Date: _____

4. SUBMITTAL REQUIREMENTS. *Electronic submittals are preferred. Contact the Permit Center for more information. If paper copies are submitted, include one (1) copy of each item listed below.*

- ☐ Electronic submittals must comply with formatting and resolution requirements.
Information is available on the City of Port Orchard Permit Center webpage, under Other Forms.
- ☐ Completed Revised Submittal Form.
- ☐ Revised Submittal Matrix (see attached example):
Note: A Word version is available from the Permit Center or on City's website. You may use your own form, provided it contains the same type of information:
 - ☐ Name/type of the submitted revised document.
 - ☐ Page location of revision on previously submitted documents.
 - ☐ Identify new documents and/or pages that are part of this submittal.
 - ☐ Description of each revision.
- ☐ Revised plans (if included with this submittal):
 - ☐ All changes must be called out (clouded or highlighted).
 - ☐ The title block on revised sheets must list the revision date.Drawings included with this submittal (Select one):
 - ☐ A full replacement set.
 - ☐ Only the revised sheet(s).