CITY OF SEQUIM

Department of Community Development
152 W Cedar St. Sequim, WA 98382
Phone: (360) 683-4908
www.sequimwa.gov
Business Hours: M - F, 7:30 am- 4:00 pm

BUILDING PLAN REVISIONS FORM

Permit Number: _____
Sign and submit plan revisions form and supporting documents to:
BuildingDept@SequimWA.gov

Project Information:

Applicant: _____ Project Address: _____

Submitted by: _____

Phone: _____ Email: _____

Submittal Information:

Scope of Revision:

Square Footage:

Change in Footprint (Y/N)? Amount of (Increase / Decrease): _____sf

Impervious Surface Change (Y/N)? Amount of (Increase / Decrease): _____sf

Revision Submittal Checklist:

- Narrative – what revisions are being made? Please include the page numbers of the plan pages where the revisions occur. Attach separate page(s) if needed.
- Revised plans with revisions clearly marked by clouds/bubbles signifying the changes in the plans.

_____ Change in Valuation: $_____
Sign Date (office use only)

Submit