CITY OF HEMET DEPARTMENT OF LIFE SAFETY

Application for Plan Revision

Plan Check #:
MISC

NOTE: 3 sets of plans and specifications must be submitted. All revisions to the plans shall be clouded and only those pages that have revisions shall be submitted.

Property Address:	Date:
Permit Number:	
Description of Revisions:	

Property Owner:	Applicant:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone: ( ) -	Telephone: ( ) -
CONTRACTOR INFORMATION:	LICENSED DESIGN PROFESSIONAL:
Name:	Name:
Address:	Address
City: State: Zip:	City: State: Zip:
Telephone: ( ) -	Telephone:( ) -
CSLB No: Expiration:	License Number: Expiration Date:

Contact Person: Telephone: ( ) - Email:

By my signature below, I certify that the information provided is true and accurate. I also certify that I am the property owner or authorized to act on the property owner's behalf.

Property Owner/or Authorized Agent Signature: _____ Date: _____