



REVISION FORM

This form must be completed and submitted with all proposed changes to previously approved plans. A complete set of plans is required with all changes on the revised sheets clearly marked or clouded. Partial plan sets containing only the revised sheets will not be accepted.

Date: _____ Permit Number: _____

Project Address: _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Valuation Increase (if applicable): _____

Revised Additional Area (SF, if applicable): _____

Revised Remodeled Area (SF, if applicable): _____

Description of proposed changes to the approved plans: _____

Revised sheet numbers from the approved plans (list changed sheets only): _____

Applicant Signature: _____ Date: _____