



# REVISIONS FOR ISSUED PERMITS ONLY

THIS FORM IS **NOT** FOR RESPONSES TO PLAN REVIEW DEPARTMENT COMMENTS

**RESIDENTIAL**

**COMMERCIAL**

**\*ALL REVISIONS MUST BE CLOUDED BY THE DESIGN PROFESSIONAL\***

Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Address of Job Site: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Cell#: \_\_\_\_\_ Office #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**PURPOSE OF REVISION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY:**

**NOTE: COMMERCIAL REVISIONS TO BE ROUTED TO THE ORIGINAL PLANS EXAMINER.**

PLANS EXAMINER: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REVISION ROUTED TO:  Planning  Engineering  Health  CVB Planning  Fire

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FEES  \$50.00  \$100.00  OTHER: \_\_\_\_\_

RESULTS  OK  REJECTED

REJECTIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contacted: \_\_\_\_\_ to pick-up revisions.  Voice mail

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_