



REVISION INFORMATION FORM
ISSUED PERMITS

Route To: _____
Revision RSN # _____

RESIDENTIAL - 2 COPIES / COMMERCIAL - 3 COPIES
RESIDENTIAL WITH FIRE ALARM &/OR SPRINKLER SYSTEM - 3 COPIES

No Fax Copies / Incomplete forms will be returned to the applicant

If project was reviewed by a Private Provider, you will need to have the Private Provider approve the change(s) prior to submittal to the Building Dept. Unapproved revisions will only be retained on file for 30 days from date of submittal. Subsequently a complete re-submittal will be required.

Date: _____ Received by: _____

Permit # _____ /RSN # _____ Reviewed by: _____

Job Site Address _____

Project Name (Commercial) _____

Contractor's Name _____ Contact Person _____

Contact Phone # _____ Fax # _____ E-Mail _____

(Do not list numbers that have call blocking service)

* INFORMATION SUBMITTED (REQUIRED): _____

Check all that applies:

- Required Document(s)
Structural Change
Response to a Building Inspection
Change of House Location on Lot
Interior Change Only
Change in Building Footprint/Envelope
Adding a Subcontractor
Other

Information Requested By:

- Zoning
Plans Examiner
Inspector
Land Development
Environmental Mgmt
Other (explain)

DEPARTMENT REVIEW (OFFICE USE ONLY) ** PLEASE POST TRACKING COMMENTS & DATE IN COMMENT FIELD**

Table with 6 columns: Initials, Date, Reviewed, Rejected, N/A. Rows include ZONING, PLAN REVIEW, FIRE, ENVMG, OTHER.

ROUTE TO INSPECTION:
Inspector's Name _____ Initials _____ Date _____

Accepted _____ Field Verify _____ Rejected _____ N/A _____