



# REQUEST FOR ADDITIONAL INFORMATION PERMITS NOT ISSUED

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

**\*\*\*NO FAX COPIES\*\*\***

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 or incomplete submittals 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 # \_\_\_\_\_ 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)*

**\*\*\* Incomplete forms will be returned to the applicant \*\*\***

**\* INFORMATION SUBMITTED (REQUIRED):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RESPONSE DUE TO:**

- Plans Examiner
- Land Development
- Fire Marshal
- Zoning
- Environmental Mgmt
- Other (explain) \_\_\_\_\_

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

	Initials	Date	Reviewed	Rejected	N/A
<input type="checkbox"/> ZONING:	_____	_____	_____	_____	_____
<input type="checkbox"/> PLAN REVIEW:	_____	_____	_____	_____	_____
<input type="checkbox"/> FIRE:	_____	_____	_____	_____	_____
<input type="checkbox"/> ENVMG:	_____	_____	_____	_____	_____
<input type="checkbox"/> OTHER:	_____	_____	_____	_____	_____

ROUTE TO INSPECTION:  
 Inspector's Name \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Accepted \_\_\_\_\_ Field Verify \_\_\_\_\_ Rejected \_\_\_\_\_ N/A \_\_\_\_\_