



# ISSUED PERMIT

## Request to Revise Permit

New Request \_\_\_\_\_ OR Response to Comment \_\_\_\_\_

Route To: \_\_\_\_\_

Original RSN # \_\_\_\_\_

RSN # \_\_\_\_\_

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

If project was reviewed by a Private Provider, you must have the Private Provider approve the change(s) prior to submittal to the Building Dept. Fax copies will not be accepted. Incomplete submittals will be destroyed 30 days after receipt.

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

Received By: \_\_\_\_\_

Permit # \_\_\_\_\_ Job Site Address & City \_\_\_\_\_

Contractor's Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Contact Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

### 1. Mark all that apply:

- Add a subcontractor
- Building Inspection response
- Change in building footprint/envelope
- Change of structure location on lot
- Document(s) requested
- Interior change only
- Structural change
- Other (list) \_\_\_\_\_

### 2. Describe/list all items being submitted. You must provide a detailed description of your revision request.

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### 3. Information requested by:

- Environmental Permitting
- Fire Services
- Land Development
- Use: \_\_\_\_\_
- Plans Examiner
- Zoning
- Inspector
- Other (list) \_\_\_\_\_

**\*\* For Staff Use Only\*\*** Department Review (*Initial, date and mark the applicable result*)

	Initials	Date	Reviewed	Rejected	N/A
<input type="checkbox"/> ENVIRO:	_____	_____	_____	_____	_____
<input type="checkbox"/> FIRE SERVICES:	_____	_____	_____	_____	_____
<input type="checkbox"/> LAND DEV:	_____	_____	_____	_____	_____
<input type="checkbox"/> USE:	_____	_____	_____	_____	_____
<input type="checkbox"/> PLAN REVIEW:	_____	_____	_____	_____	_____
<input type="checkbox"/> ZONING:	_____	_____	_____	_____	_____
<input type="checkbox"/> OTHER: _____	_____	_____	_____	_____	_____