



**NON-ISSUED PERMIT**  
**Response to Request for Additional Information**  
**Request to Revise Permit Application**

Route To: \_\_\_\_\_  
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 one (1) of the following:**

- a. ☐ Response to Request for Additional Information (RAI)
- b. ☐ Request to Revise Permit Application (RNP) You must provide a detailed description of your revision request

**2. Describe/list all items being submitted.**

**3. Mark all that apply:**

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

\*\* For Staff Use Only\*\*

Department Review (Initial, date and mark the applicable result)

☐ ENVIRO:

☐ FIRE SERVICES:

☐ LAND DEV:

☐ USE

☐ PLAN REVIEW:

☐ ZONING:

☐ OTHER: