**Volusia County** FLORIDA

Route To: _____

RSN #_____

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)* | | | | |
|---|---|---|---|---|---|
| | **Initials** | **Date** | **Reviewed** | **Rejected** | **N/A** |
| ☐ **ENVIRO:** | _____ | _____ | _____ | _____ | _____ |
| ☐ **FIRE SERVICES:** | _____ | _____ | _____ | _____ | _____ |
| ☐ **LAND DEV:** | _____ | _____ | _____ | _____ | _____ |
| ☐ **USE** | _____ | _____ | _____ | _____ | _____ |
| ☐ **PLAN REVIEW:** | _____ | _____ | _____ | _____ | _____ |
| ☐ **ZONING:** | _____ | _____ | _____ | _____ | _____ |
| ☐ **OTHER:** | _____ | _____ | _____ | _____ | _____ |

Rev. 2/18