COMMUNITY DEVELOPMENT
Building & Safety

Print Form

# PERMIT REVISION/DEFERRED SUBMITTAL APPLICATION

**FOR OFFICE USE ONLY**
REVISION #: _____
PLAN CHECKER: _____
DATE: _____
TARGET DATE: _____

| PROJECT ADDRESS | | | TRACT NUMBER |
|---|---|---|---|
| | | | |
| PERMIT NUMBER | | | PLAN CHECK NUMBER |
| | | | |
| COMPANY SUBMITTING REVISION | | | CONTACT NAME |
| | | | |
| ADDRESS | | | PHONE |
| | | | |
| CITY | STATE | ZIP | EMAIL |
| | | | |

**A REVISION IS A MODIFICATION OF THE ORIGINAL SCOPE OF WORK.**

| DESCRIPTION OF REVISION (List all revisions or changes shown on plans) |
|---|
| |

APPLICANT _____ DATE _____

**FOR OFFICE USE ONLY**

CIRCLE ONE: Permit required for additional **P** / **E** / **M** fixtures

****UPDATE REVISION STATUS IN PLAN CHECK DESCRIPTION**

**TO:** **APPROVED BY:**

_____, BUILDING: _____
_____, PLANNING: _____
_____, GRADING: _____
_____, ENGINEERING: _____
_____, FIRE DEPT: _____

SUBMITTAL RECEIPT #: _____ DATE: _____
REVISION TMPL #: _____ CUST #: _____
ISSUANCE RECEIPT #: _____ DATE: _____
ADDITIONAL P/C FEE TMPL #: _____

**REVISION FEES:**

_____ HOURS @ _____ $ _____
_____ HOURS @ _____ $ _____
_____ HOURS @ _____ $ _____
_____ HOURS @ _____ $ _____
_____ HOURS @ _____ $ _____
(LESS PAID) $ _____
PLAN CHECK TOTAL $ _____
PERMIT FEES $ _____
MICRO FEES $ _____
**BALANCE DUE** $ _____