



COMMUNITY DEVELOPMENT  
Building and Safety

**PERMIT REVISION/DEFERRED  
SUBMITTAL APPLICATION**

**FOR OFFICE USE ONLY**

REVISION #: \_\_\_\_\_  
PLAN CHECKER: \_\_\_\_\_  
DATE: \_\_\_\_\_  
TARGET DATE: \_\_\_\_\_

PROJECT ADDRESS		SUITE	PRODUCT NAME
TRACT	LOT	UNITS	VILLAGE
PLAN CHECK NUMBER	APPLICANT/COMPANY NAME		CONTACT
PERMIT NUMBER(S)	ADDRESS		PHONE
	CITY	ZIP	EMAIL

Select **A** or **B** and complete as applicable:

- A.** The description of work below is for a **revision to approved plans for the following disciplines of the originally approved scope of work.**  
*(\*If YES, provide narrative as an attachment\*)*  
 Revisions made to:  ARCHITECTURAL  STRUCTURAL  ELECTRICAL  MECHANICAL  PLUMBING  CIVIL  OTHER
1. Was initiated by a field correction from a City inspector?  YES  NO *(\*If YES, provide copy of the correction notice as an attachment\*)*
  2. Will impact City Planning approvals?  YES  NO
  3. Will impact OCFA approvals?  YES  NO

- OR-**
- B.** The description of work below is for a **deferred submittal as listed on the title sheet of the approved plans.**  
*(\*If YES, provide approved/stamped plan title sheet as attachment\*)*

**\*SUBMITTALS WITH INCOMPLETE APPLICATIONS OR MISSING REQUIRED DOCUMENTS WILL BE PLACED ON HOLD\***

**DESCRIPTION OF REVISION**

NOTE: Any changes not listed in detail on your revision narrative will NOT be reviewed or approved.

**APPLICANT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b> Permit required for additional: <input type="checkbox"/> ARCHITECTURAL/STRUCTURAL <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING	
<b>TO:</b>	<b>APPROVED BY:</b>
_____, BUILDING:	_____
_____, PLANNING:	_____
_____, GRADING:	_____
_____, ENGINEERING:	_____
_____, FIRE DEPT:	_____
SUBMITTAL RECEIPT #: _____	CUST #: _____
REVISION TMPL #: _____	
ISSUANCE RECEIPT #: _____	DATE: _____
ADDL P/C OR PERMIT #: _____	
<b>REVISION FEES:</b>	
_____ HOURS @ _____	\$ _____
_____ HOURS @ _____	\$ _____
_____ HOURS @ _____	\$ _____
_____ HOURS @ _____	\$ _____
_____ HOURS @ _____	\$ _____
	(LESS PAID) \$ < _____ >
	PLAN CHECK TOTAL \$ _____
	PERMIT FEES \$ _____
	MICRO FEES \$ _____
	<b>BALANCE DUE \$ _____</b>