



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 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 attachment*)

Revisions made to: Architectural Structural Electrical Mechanical Plumbing Civil Other

1. and was initiated by a field correction from a City inspector: Yes No
(*If YES, provide copy of the correction notice as attachment*)

2. and will impact City Planning approvals: Yes No

3. and 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:** Yes No
(*If YES, provide approved/stamped plan title sheet as attachment*)

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

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

APPLICANT SIGNATURE _____

DATE _____

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



PERMIT REVISION/DEFERRED SUBMITTAL NARRATIVE

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



RESIDENTIAL TAKE-OFF SHEET

FOR OFFICE USE ONLY

SUBMITTAL DATE: _____

PLAN CHECK #: _____

TEMPLATE #: _____

PROJECT ADDRESS

ELECTRICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
E2R	Electrical Appliances (Hard Wired)	
E4R	Lighting Fixtures and Switches	
E7.1R	Branch Circuits (including breaker and J-boxes)	
E6.1R	New Meter/Service	
E7R	Outlets, Receptacles and Irrigation Controllers	
E20R	Panelboard/Switchboard	
E5.7	Power Apparatus (Motors, Cooking Equipment, Rectifiers, Capacitors, Transformers, KVA/HP/KW)	

MECHANICAL ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
M2A	Furnace (up to and including 100,000 BTU - 2,000,000 BTU)	
M4.1A	Non-HVAC Vent Systems	
M4R	Environmental Vent Systems	
M8R	Registers and Grilles	
M14R	Incidental Gas Piping	
M15R	Install and/or Relocate Space Heater (Fireplace, Wall Heater, etc.)	
M19R	Residential Air Conditioning	

PLUMBING ITEMS

CODE	TYPE OF FIXTURE OR ITEM	QUANTITY
P2R	Plumbing Fixtures (Including Sump Pumps, Sewage Ejectors, Back Flow Devices)	
P3R	Dishwasher	
P4R	Garbage Disposal	
P5R	House Sewer (Line or Connection)	
P12R	Water Heater and/or Vent	
P13R	Gas Outlets	
P17R	Repair/Alter to Water Piping (Including Water Treatment Systems such as Softeners and Filters)	
P18R	Repair/Alter to Waste and Vent Piping	



NEW RESIDENTIAL REVISION SUPPLEMENTAL QUESTIONNAIRE

This questionnaire must accompany any Permit Revision/Deferred Submittal Application (Form 65-33B) for new single or multi-family dwellings. A copy of this form must be given to the construction superintendent as your inspector will not inspect the field change without it.

PLAN CHECK NUMBER	REVISION #
PRODUCT NAME	TRACT

DESCRIPTION OF REVISION

PROVIDE A COMPLETE AND BRIEF DESCRIPTION OF REVISION(S). AS SPACE IS LIMITED, PLEASE USE ABBREVIATIONS BELOW.

ABBREVIATIONS:

2nd Floor Flr 2	Beam BM	Foundation FDN	Roof RF
Architectural ARCH	Column COL	Phases All Ph, Ph1, Ph2, etc.	Shear Wall SW
		Plan Type Number Plan 1, 2, 3, etc.	Structural Struc

PLEASE ANSWER THE FOLLOWING:

- DO THESE REVISIONS APPLY TO ALL PHASES? YES NO, ONLY FROM PHASE _____ ON
- DOES THIS AFFECT ALL PLAN TYPES? YES NO, ONLY PLAN TYPE(S): _____
- REVISIONS WILL AFFECT THE FOLLOWING: ARCHITECTURAL STRUCTURAL



COMMUNITY DEVELOPMENT / PUBLIC WORKS

ELECTRONIC/DIGITAL SIGNATURE DISCLOSURE

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Irvine legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Irvine, is considered to be the true, accurate, and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Irvine's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/ Digital Signature Disclosure.

SIGNATURE

DATE