

FOLDER #: _____

DATE: _____

COMMERCIAL PERMIT REVISION APPLICATION

All Revision Applications **MUST** include:

1. Your **original approved plans** (job site copy)
2. **Two sets** of clearly drawn revised plans. Drawings may have to be sealed by the Coordinating Registered Professional, Architect, or Registered Professional of Record.
3. **This application form** completed and **signed** by the *owner* or *agent*

Revision applications that are missing **any portion** of the above requirements will **not** be accepted. All fees will be collected when the approved revision is issued. Inspections **will not be performed** unless **approved plans** are present on site, including the **approved revision**. Please allow **10 working days** for your revision application to be processed. Please **do not call**; you will be contacted when the revision is ready for pick-up.

Site Address: _____

Owner / Agent: Company _____

Name _____

Phone _____

Specify Revisions: _____

I hereby confirm that the information I have supplied is true and correct: _____
Owner or Agent's Signature

OFFICE USE ONLY

Date of Application: _____	Date of Review: _____
Time of Application: _____	Time of Review: _____
Received By: _____ <i>Counter Checker (Initial)</i>	Approved By: _____ <i>Plan Checker (Initial)</i>