



PERMIT REVISION

Neighborhood
Services

Revised: February 28, 2018

Permit Number: _____ Revision Submittal Date: _____

Permit Status: Plan Check Issued Date Issued: _____

Job Site Address: _____

Subdivision Number: _____ Contact Person: _____

Contact Phone #: _____ Contact Email: _____

Description of Revision:

OFFICE USE ONLY

Routed to Building Date: _____ Plan Check hours Spent: _____

Plan Checker Signature: _____ Date Approved: _____

Notes: _____

Routed to Planning Date: _____ Plan Check hours Spent: _____

Plan Check Signature: _____ Date Approved: _____

Notes: _____

Project Building Inspector: _____