



ISSUED PERMIT Request to Revise Permit

Route To: _____

Revision RSN # _____

RESIDENTIAL – 2 Copies / COMMERCIAL – 3 Copies
RESIDENTIAL WITH FIRE ALARM &/OR SPRINKLER SYSTEM – 3 Copies

If project was reviewed by a Private Provider, you must have the Private Provider approve the change(s) prior to submittal to the Building Dept. Fax copies will not be accepted. Incomplete submittals will be destroyed 30 days after receipt.

Date: _____ (Original RSN # _____) Received By: _____

Permit # _____ **OR** Job Site Address _____

Contractor's Name _____ Contact Person _____

Contact Phone # _____ E-Mail _____

1. Mark all that apply:

- Add a subcontractor
- Building Inspection response
- Change in building footprint/envelope
- Change of structure location on lot
- Document(s) requested
- Interior change only
- Structural change
- Other (list) _____

2. Describe/list all items being submitted.

3. Information requested by:

- Environmental Permitting
- Inspector
- Land Development
- Plans Examiner
- Zoning
- Other (list) _____

**** For Staff Use Only**** Department Review *(Initial, date and mark the applicable result)*

	Initials	Date	Reviewed	Rejected	N/A
<input type="checkbox"/> ENVIRO:	_____	_____	_____	_____	_____
<input type="checkbox"/> FIRE:	_____	_____	_____	_____	_____
<input type="checkbox"/> LAND DEV:	_____	_____	_____	_____	_____
<input type="checkbox"/> PLAN REVIEW:	_____	_____	_____	_____	_____
<input type="checkbox"/> ZONING:	_____	_____	_____	_____	_____
<input type="checkbox"/> OTHER:	_____	_____	_____	_____	_____

Route to Inspector: _____

Inspector Name: _____ Initials _____ Date _____
Accepted _____ Field Verify _____ Rejected _____ N/A _____