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: ________________________________ Received By: ________________________________

Permit # ____________________ OR Job Site Address ________________________________

Contractor’s Name ________________________________ Contact Person ________________________________

Contact Phone # ________________________________ E-Mail ________________________________

1. **Mark one (1) of the following:**
   a. □ Response to Request for Additional Information (RAI)
   b. □ Request to Revise Permit Application (RNP)

2. **Describe/list all items being submitted.**
   If you checked “b” above you must provide a detailed description of your revision request.

3. **Mark all that apply:**
   □ Environmental Permitting
   □ Plans Examiner
   □ Fire Safety
   □ Zoning
   □ Land Development
   □ Other (list) ________________________________

**For Staff Use Only**

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<th>Rejected</th>
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Rev. 02/15