



**NON-ISSUED PERMIT**  
**Response to Request for Additional Information**  
**Request to Revise Permit Application**

Route To: _____
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: \_\_\_\_\_ 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.

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**3. Mark all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Environmental Permitting | <input type="checkbox"/> Plans Examiner     |
| <input type="checkbox"/> Fire Safety              | <input type="checkbox"/> Zoning             |
| <input type="checkbox"/> Land Development         | <input type="checkbox"/> Other (list) _____ |

** For Staff Use Only**	Department Review <i>(Initial, date and mark the applicable result)</i>
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	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:	_____	_____	_____	_____	_____