

BUILDING INSPECTION DIVISION



REVISING ACTIVE PERMIT FORM

DATE: _____

JOB NAME: _____

ADDRESS: _____

PERMIT NO: _____
(BUILDING PERMIT)

CONTRACTOR: _____

PHONE NO: _____ FAX NO: _____

ARCHTECT / ENGINEER PHONE NO: _____
FAX NO: _____

BUILDING PLANS EXAMINER: _____

REVISIONS FOR:

COMMENTS

PLEASE INDICATE

BUILDING	YES	NO	YES	NO
LANDSCAPE	YES	NO	YES	NO
PLUMBING	YES	NO	YES	NO
FIRE MARSHAL	YES	NO	YES	NO
MECHANICAL	YES	NO	YES	NO
ELECTRICAL	YES	NO	YES	NO

SUBMITTED BY: _____

PLANNING and DEVELOPMENT DEPARTMENT