



PLANNING AND DEVELOPMENT
Building Inspection Division

OFFICE USE ONLY		
Grading Review:	Yes	No
Date of Submission:	_____	
Plan Reviewer:	_____	

REVISING ACTIVE PERMIT PLAN REVIEW APPLICANT INFORMATION SHEET

PLEASE COMPLETE ALL FIELDS. PRINT LEGIBLY.

PERMIT NUMBER: _____

PROJECT ADDRESS: _____

CONTRACTOR: _____

SUBMITTED BY: _____

CONTACT TELEPHONE: _____

CONTACT E-MAIL: _____

DESIGN PROFESSIONAL: _____

PHONE: _____ EMAIL: _____

PLANS EXAMINER: _____

REVISIONS FOR (IF YES, PROVIDE SUMMARY OF REVISED ELEMENTS):

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