



For office use only:

Permit # _____

Fee pd. _____

Rec. # _____

Department Approval: _____ Date: _____ Due Date: _____

Building Permit **REVISION** Application

Date: _____ Permit Type: Building Plumbing Mechanical Electrical Demolition

Contact Information

Property Owner: _____ / _____ / _____
Name Phone Email

Mailing address: _____ / _____ / _____
Address City State Zip

Applicant (contact): _____ / _____ / _____
Name Phone Email

Contractor: _____ / _____ / _____
Name Phone Email

St. Cont. License #: _____ City Business License #: _____

Project Information

Project Location: _____

Block: _____ Lot(s): _____ APN(s): _____

Project affects: Single Family Dwelling Multi-family Dwelling Commercial property Change in Use

Description of Work (cloud all changes): _____

Valuation of Revision: \$ _____ Square feet: _____ / _____
(new sq. ft.) (area of remodel)

Associated Planning Permit(s): _____

OR

I certify there are no exterior changes or pending Planning approvals for this property: _____ / _____
Applicant Initials Date

Does the revised work? (Check all that apply):

Include 250 sq ft or more of new floor area Disturb more than 50 cubic yards of soil

Disturb 500 sq ft or more of soil

If ANY of these are checked a *Drainage Plan* specific to this project is required

Does the work affect (Check all that apply):

Plumbing System (including gas) Mechanical System Electrical System Excavation In Any Way

Site Grading and/or Drainage Tree pruning/removal The Public Right-of-Way

If ANY of these are checked, additional permits may be required

Applicant signature