

For office use only:		Permit # Fee pd Rec. #
Department Approval:	Date:	Due Date:

## Building Permit **REVISION** Application

Date:	Permit Tyne:	Building	Plumbina	Mechani	ical Flectri	ical Demolition	
Contact Information							
Property Owner:		,		1			
Froperty Owner.	Name	/_	Phone	/	Email		
Mailing address:			/		/		
	Address			City	Stat	e Zip	
Applicant (contact):				/_			
	Name		Phone		Email		
Contractor:Nar			Phone	/	 Email		
				"			
St. Cont. License #:			City Busines	ss License #:			
Project Information							
Project Location:							
Block: Lot(s):		ADN(s).					
DIOCK LOU(5)		Ar 14(3)					
Project affects: Single Fami		-	_			hange in Use	
Valuation of Revision: \$			Sq	uare feet:			
Associated Planning Permit(s):					(new sq. ft.)	(area of remodel)	
			<u>OR</u>		<del></del>		
I certify there are no exterior ch	anges or pending	Planning app	rovals for this pr		plicant Initials		
Does the revised work? (Check a	all that apply):			7.10	phearit miciais	Dute	
☐ Include 250 sq	ft or more of nev	v floor area	Disturb m	nore than 50 c	ubic yards of so	il	
Disturb 500 sq	ft or more of soil						
If At	NY of these are ch	necked a <i>Drair</i>	nage Plan specifi	ic to this proje	ct is required		
Does the work affect (Check all t	that apply):						
Plumbing System (inclu	ding gas)	Mechanic	al System	Electri	ical System	Excavation In Any Way	
Site Grading and/or Dra	ainage	Tree prur	ing/removal	The P	ublic Right-of-W	/ay	
If ANY of these are checked, additional permits may be required							

Applicant signature