



RESUBMITTAL / REVISION FORM

Resubmittal / Revision date: _____

PROJECT ADDRESS: _____

APPLICANT/CONTACT:

<input type="checkbox"/> BUILDING OWNER (Owner/Builder form is required.)	<input type="checkbox"/> ARCHITECT	<input type="checkbox"/> CONTRACTOR License # _____	<input type="checkbox"/> TENANT
<input type="checkbox"/> AGENT FOR OWNER (Owner/Builder form is required.)	<input type="checkbox"/> ENGINEER	<input type="checkbox"/> AGENT FOR CONTRACTOR	<input type="checkbox"/> OTHER _____

NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

TELEPHONE NUMBER: _____ FAX: _____

E-MAIL: _____

REVISION PROJECT DATA:

CONSTRUCTION COST/VALUATION OF REVISION: \$ _____

DESCRIPTION OF REVISION:

FOR OFFICE USE ONLY	BUILDING PERMIT #	REVISION #	RESUBMITTAL #
<input type="checkbox"/> Revision to an existing building permit	B	BR	SUB #
<input type="checkbox"/> Corrections & responses to plan check	B	BR	SUB #
<input type="checkbox"/> Additional information for application	B	BR	SUB #