



COMMERCIAL PLAN REVISION APPLICATION

Commercial Building Name: _____

Address: _____

Contracting Company: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: (____) _____ Email: _____

State General Contractor's License Number (required) _____ Master Permit Number _____

Property Owner _____ Phone: (____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Description of Revision: _____

Building
 Plumbing
 Shop drawing
 Zoning
 Environmental Services

Electrical
 Mechanical
 Sign
 Foundation to Shell
 Fire

Planning
 Public Works
 Structural

Occupancy _____

Plan Review _____

Construction Type _____

Permit Cost _____

SIGNATURE _____ DATE _____

Permit # _____

Report code _____

REVISION FEE \$50.00