

DATE: _____

PROJECT NO: _____

BUILDING PERMIT NO: _____

Property Information:

Address: _____

Unit# _____

Subdivision/Park: _____

Contact Information:

APPLICANT	Owner <input type="checkbox"/>	Designer <input type="checkbox"/>	General Contractor <input type="checkbox"/>	Agent <input type="checkbox"/>
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Name: _____

Address: _____

Phone: _____

Email: _____

Project Information:

Project Name: _____

Prior to Issuance

Post Issuance

REASON FOR CHANGES

Jurisdiction Requested:

Applicant Changes:

Site Changes:

Information Only:

DOCUMENTS BEING SUBMITTED:

If a full set is provided

List each sheet that is **REVISED**

Development Plan: _____

Building Elevations: _____

Civil / Site Plans: _____

Landscaping: _____

Architectural: _____

Structural: _____

Mechanical: _____

Electrical: _____

Plumbing: _____

Fire Sprinklers/Alarm: Typically Submitted to County Fire Marshall

Specifications: _____

Other: _____

CHANGES IN APPLICATION INFORMATION NEED TO BE PROVIDED BELOW

Existing: _____ SF Cost of Construction \$ _____ Revised No. of Levels: _____

Proposed: _____ SF Type of Construction: _____ No. of Bedrooms: _____

Heated: _____ SF Occupancy Types: _____ No. of Bathrooms: _____

Un-Heated: _____ SF Occupant Load: _____ Other: _____

Un-Finished: _____ SF Fire Sprinklers: Yes No Other: _____

SIGNATURE OF APPLICANT: _____