



SUBMITTAL FORM



(For Internal Use Only)

() **REVISION / SHOP DRAWING** – Plans previously issued () **AS BUILT**
Revision must be identified on the plan by highlighting or clouding ALL sets of plan

Does this revision affect any inspections already performed? () Yes () No

IF YES, WHICH INSPECTIONS: _____

() **CORRECTION** – Plans in review and not issued
TYPE OF PERMIT _____

() **LOST PLANS**
(Fees Apply)

() **PERMIT CARD**
(Fees Apply)

() **EXPIRED PERMIT**

Please indicate the discipline(s) you desire to review your plan(s):

() ZONING () PLUMBING () STRUCTURAL () MECHANICAL () ELECTRICAL () FIRE () ENGINEERING () OTHER

- Density Test Reports
- Elevator Final Letter of Compliance
- Final Special Inspector Certification
- Final Survey or Spot Survey
- Final Termite Certificate
- Flood Elevation Certificate
- Impervious Area Calculation

- Insulation Certificate
- Notice of Acceptance
- Soil Bearing Certification Letter
- Special Inspector Reports
- Trusses
- Other _____

PERMIT NUMBER:	SITE ADDRESS:1
COMPANY NAME:	CONTACT NAME:
TELEPHONE:	EMAIL ADDRESS:

DESCRIPTION OF PLAN REVISION BEING SUBMITTED FOR REVIEW:

Please specify the nature of the changes in a brief narrative that clearly explains what is being affected by the proposed revisions:

Date