

PLANNING AND CODE ADMINISTRATION

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**APPLICATION TO REVISE APPROVED PLANS**

*All information must be complete to initiate processing of application*

**(COMMERCIAL PROPERTIES)**

**PERMIT NUMBER**

**APPLICANT**

Name

Title

Email Address

Telephone Number

**SUBJECT PROPERTY**

Street Address

Suite No.

Tenant/Occupant/Business Name

**TYPE OF REVISION (check all that apply)**

Architectural

Structural

Electrical

Mechanical

Gas

Occupancy

Square footage affected by revision (**DO NOT LEAVE BLANK**)

Additional cost incurred by revision (**DO NOT LEAVE BLANK**)

Increase of number of fixtures/equipment from original permit:

Electrical

Mechanical

Additional Comments

**Applicant's Signature**

**Date**

**SUBMISSION REQUIREMENTS**

1. Completed application form
2. One (1) hard copy and (1) digital copy of the revisions (PDF preferred for digital)

*\* Revisions must be stamped and signed by architect and/or engineer*

*\* Incomplete submissions will not be accepted*