

Chief Executive Officer Lorraine Cochran-Johnson **DEPARTMENT OF PLANNING & SUSTAINABILITY**

Interim Director

Cedric Hudson

REVISION SUBMITTAL APPLICATION

DATE:

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All revisions must be accompanied by <u>a minimum of 6 (six) copies of the REVISED SHEETS ONLY and attach to the plan set a written letter certified</u> by the engineer (stamped and sealed) of all revisions.

Please indicate on plans: (1) "Cloud" all areas of revisions (2) Make clear/concise reference to modified document, i.e., (3) List all revisions with date and labels in the revision block



REVISION #_____AFTER PERMIT IS ISSUED

Revision Fee: \$300.00 Permit Extension Fee: \$300.0 Shaded Area for Office Use Only

Development AP #	Land Development Permit #
Date Development Permit Issued	Project Use
Project Name	Phase/Unit

Site/Property

Address/Parcel ID		City		State	ZIP
Building No.	Floor No.		Apartment/Su	ite No.	

Contact Person

Property Owner			
Address			
City	State		ZIP
Tel #	Mobile #	Fax#	
E- Mail			

Revision Summary

In the space provided below, describe in detail the proposed changes to the plan.

Attach certified letter to plan sets succinctly explaining the Reasons for the Revision. They may include statements relating to any or all of the following: (a) The need to correct an error; (b) The need to reflect changing circumstances in field conditions; (c) The need to improve the ability of the plan to fulfill the objectives in the plan. The summary must include the chronology of all revisions and a purpose statement.

ACKNOWLEDGEMENT CERTIFICATION - I do hereby certify that, to the best of my knowledge and belief, all information supplied with this submittal is true and accurate.

Signature:

_Date: _____