



REVISION INFORMATION SHEET

BUILDING SAFETY DIVISION

Date: _____

Plans Examiner: _____

Checked-In By: _____

Permit #: _____

Project Name: _____

Revision #: _____

#1 - Note (items below must be completed):

- Cloud all Revisions on Plans, Identify with numbered Delta.
- Provide a Letter Describing the Revision & Coordinate with each Clouded Revision.
- Does this Revision include any changes that differ from the existing, approved Civil Plans, Utility Plans and/or Recorded Maps

#2- Description of Revision: _____

#3- Revision Includes:

- | | | |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Structural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Architectural | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Energy |

#4- Name of General Contractor: _____

#5- Valuation/Contract Price for work associated with this revision: _____

#6- Are Plumbing Fixtures Being Added? _____ If Yes, how many? _____

#7- Contact Information:

Name (Applicant): _____

Signed Name (Applicant): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Office Use Only

To be filled out by Plans Examiner. Plans Examiner indicate below if further review is needed.

Notes and/or Comments: _____

Additional Distribution Required:

- | | | | |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Fire | <input type="checkbox"/> Property Mgmt | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Backflow | <input type="checkbox"/> Utilities | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Other Agencies | <input type="checkbox"/> No additional distribution required | |

Plan Check Fee: No Fee _____ Hours _____ Valuation _____