



BUILDING CODE SERVICES
PERMIT REVISION APPLICATION
 (Change of Plan submitted to an issued permit)

Revision Application is required when Plans are submitted after the Master Permit has been issued.
Fees for Revision: \$111.57 Residential (per Trade) \$144.74 Commercial (per Trade)

PROJECT INFORMATION

Master Permit #		Revision #:		Submittal Date:	
Is this a correction to an existing revision? <input type="checkbox"/> No <input type="checkbox"/> Yes, if Yes, provide the application #:				Application #:	
Job Address:					
Job Name:					
Contracting Co.:		Phone:		Email:	
Company Address:		City:		State:	Zip:
Qualifier's Name:		Owner-Builder:	<input type="checkbox"/>	License or Cert of Comp. #	

REVISION INFORMATION

<i>This revision affects the following disciplines*: Applicant to check all that apply</i>					
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Roofing	<input type="checkbox"/> Fire
<input type="checkbox"/> Zoning	<input type="checkbox"/> Engineering	<input type="checkbox"/> Other (Specify):			
Do these revisions represent a change in the scope of work and increased job cost?				<input type="checkbox"/> No	<input type="checkbox"/> Yes, if Yes, provide new cost.
Increase in Job Cost:		New Total Job Cost:			

**Please note that a plans examiner has the authority to modify required reviews based upon examination of the plans submitted for revision*

Provide a brief description of the revised work	

Applicant please read carefully:

Application is hereby made for plan revision as indicated herein. I certify that all the information is accurate. I understand that only the review disciplines indicated will review my plans. I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays.

Contractor _____

Notary Signature: _____

Print Name _____

Signature: _____

STATE OF FLOIRDA _____

County of _____

Notary Name: _____

(Print, type or Stamp Notary's Name)

Sworn to (or affirmed) and subscribed before me this _____ day of _____

Personally Known _____ or Produced Identification _____

20 _____, by _____

Type of Identification Produced _____

(Type/print Contractor's name)