

## Permit Number

Residential 1 or 2 Units (Single Family/Duplex)  Residential 3+ Units (Multi-Family)  Commercial

## Job Location

Job Street Address: \_\_\_\_\_ Parcel/Folio # \_\_\_\_\_

Owner Name: \_\_\_\_\_

## Contractor/Owner-Builder Information

Company Name: \_\_\_\_\_  Contractor  Owner-Builder

Qualifier/License Holder: \_\_\_\_\_

Agent/Contact Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email:

**ALL REVISIONS MUST BE "CLOUDED" WITH AN ITEMIZED LIST OF THE SCOPE OF WORK**

*Any changes to any exterior portion of the building may result in an architectural review which may require an SDP amendment/change. Please clearly indicate any change to the facade and/or exterior of building.*

Change to Original Scope of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Project Name: \_\_\_\_\_ Additional Cost of Construction \$: \_\_\_\_\_

Additional Sq. Ft. Living/Interior: \_\_\_\_\_ Additional Sq. Ft. Non-Living/Exterior: \_\_\_\_\_

## Trades Affected by Revision\* \*Check All Applicable Trades Associated with Revision

- |   |                                   |  |                                      |                                     |
|---|-----------------------------------|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Private Provider | <input type="checkbox"/> Septic   | <input type="checkbox"/> Permit by Affidavit | <input type="checkbox"/> Electrical  | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Roofing          | <input type="checkbox"/> Shutters | <input type="checkbox"/> Plumbing            | <input type="checkbox"/> Low Voltage | <input type="checkbox"/> Structural |

## Qualifier Acknowledgement of Revision Submittal

Company Name: \_\_\_\_\_ State License #: \_\_\_\_\_

Qualifier's Name: \_\_\_\_\_ Qualifier's Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (printed name of owner or qualifier) \_\_\_\_\_

Such person(s) Notary Public must check applicable box:

- Are personally known to me
- Has produced a current drivers license \_\_\_\_\_
- Has produced \_\_\_\_\_ as identification.

Must Comply with Notarial Law

  
  

Notary Seal

Notary Signature: \_\_\_\_\_

PLEASE DO NOT WRITE BELOW, FOR STAFF USE ONLY

Inspections Needed: \_\_\_\_\_ Additional Fees: Building: \$ \_\_\_\_\_ Fire: \$ \_\_\_\_\_

PMR Date: \_\_\_\_\_ Days Review: \_\_\_\_\_ Sets of Plans: \_\_\_\_\_