REVISION TO BUILDING PERMIT

For additional information, forms & documents please visit us on the web at: http://www.cityofsthelena.org/content/building

This form must be filled out and returned with all the information requested along with a revision letter that explains the change/s in scope of work. **All changes must be clearly identified on the plans by revision cloud and delta, and on the revision letter.**

Please resubmit three (3) new complete, signed and stamped sets of plans. Partial or incomplete resubmittals will not be accepted. There will be a minimum 1hr. plan check fee charged. Additional fees may be assessed upon re-issuance of the permit, depending on the scope of changes and review time.

**PROJECT NAME:**

**PROJECT ADDRESS:**

**PERMIT #:** __________________________ **DATE:** __________________________

**PRIMARY CONTACT**

All communication from our office will be made to this person via email.

Contact Name: ____________________________ Firm/License#: __________________________

Address: ________________________________________________

City: __________________________ State: __________________ Zip: __________________

Email: __________________________ Phone #: __________________

Revised plans will be reviewed for conformance with adopted codes and standards by Building, Planning, Public Works and Fire Departments as needed for the project. Plan review for comments is (up to) 28 working days. Subsequent plan review for resubmittals is also up to 28 working days.

Please be aware that revisions to projects that received Planning Commission approval, may trigger a need to obtain additional/discretionary approvals from the Planning Commission.

I understand that the information provided clearly represents all the revisions to the submittal. Any changes to the plans and documents that are not clearly clouded may cause the plan check to be delayed. Non-response to comments will generate additional comment letters.

Signature: ___________________________________________ Date: __________________________