



SUBMITTAL FORM

PLEASE CHECK/CIRCLE RESIDENTIAL COMMERCIAL

REVISION (ISSUED PERMIT) PLAN REVIEW RESPONSE FORMBOARD SURVEY

ELEVATION CERTIFICATE ENGINEER/ARCHITECT LETTER FINAL SURVEY

* ALL REVISIONS MUST BE CLOUDED BY THE DESIGN PROFESSIONAL

Date: _____ Permit Number: _____ Address: _____

Contractor: _____ Contact Person: _____

Phone Number: Cell: _____ EMAIL: _____

PURPOSE OF SUBMITTAL: _____

FOR OFFICE USE ONLY:

NOTE: COMMERCIAL REVISIONS TO BE ROUTED TO THE ORIGINAL PLANS EXAMINER.

RECEIVED BY: _____ DATE: _____

REVIEWED BY: _____ DATE: _____

FEES \$ _____ RESULTS : OK REJECTED

REJECTIONS/COMMENTS: _____
