Building Division Letter of Transmittal

Complete this form and submit it OVER THE COUNTER with any new or adjusted pages. You must also fill out section (H), below summarizing your changes. We DO NOT accept transmittals by fax or mail.

*Type or print. Please use blue or **black** ink.*

Only contractors or agents may ***pick up*** transmittals.

PERMIT NUMBER_____

Date Submitted: _____ Site Address: _____

Submitted by: _____ Phone: _____ Fax: _____

TRANSMITTAL DETAILS (ALL LINES MUST BE COMPLETED PRIOR TO PRESENTING YOUR TRANSMITTAL AT THE COUNTER):

a) **Did a City reviewer request these changes?** ..... [ ] Yes or [ ] No.

If yes, who requested these changes? _____

If yes, are changes other than those requested included in this transmittal? ..... [ ] Yes or [ ] No.

b) **Who should receive this transmittal?** [ ] Plans Review, [ ] Zoning, [ ] Planning, [ ] Engineering, [ ] Utilities/Eng.

c) **Check which this transmittal includes**: [ ] Blueprints and/or drawings only, [ ] Documents only, [ ] Both

IMPORTANT NOTE: All blueprints/drawings must be the **same size** as those in the original submission, all changes must be **clouded**, and changes must be **summarized**. Transmittals not meeting these requirements will be rejected.

d) **# of Pages per set**:___ **Number of Sets** Residential 3 sets ____(new homes, additions & alterations including bathrooms).

e) Residential 2 sets _____(all other permits) Commercial 4 sets, Civil revisions 5 Sets_____

f) **How many new or replacement pages are you adding with the transmittal?** _____

g) **Do the alterations change the construction value**? [ ] Yes or [ ] No. Additional construction value: _____

h) Briefly **describe all items** you are submitting and the changes they represent. (Please be sure that full summaries appear on each changed blueprint and drawing, and that changes are clouded):

_____

_____

_____

Please make sure to include a summary of all changes that are clouded on all plans.

FEE SCHEDULE

Zoning	_____
Building + $1.00 per page	_____
Electrical	_____
Plumbing	_____
AC / Mechanical	_____
Roofing	_____
Signs	_____
Trees	_____
Fire (AL, Sup, Spr & F)	_____
Cert of Occupancy	_____
Scan Fee	_____
Cert & Training Fee	_____
Radon Fee	_____
Total Fees	_____

Approved: _____ **Rejected:** _____ **Date:** _____

Name of Reviewer: _____

REVIEWER COMMENTS OR CONDITIONS: _____

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