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 (G), 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.

****Is this an (ACTIVE) permit**? _____ ** Is this a (PENDING) Permit**? _____**

PERMIT NUMBER_____

Date Submitted:_____Site Address:_____

Submitted by: _____ Phone: _____Fax:_____

(ALL LINES MUST BE COMPLETED PRIOR WHEN PRESENTING YOUR TRANSMITTAL AT THE COUNTER)

Did a City Reviewer or Inspector request these changes? Yes ( ) No ( ) Name: _____

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

a) **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.

Transmittals not meeting these requirements will be rejected.

b) ***3 sets*** for residential **(new homes and additions.)** Number of pages per set_____

c) ***2 sets*** for all **other residential permits. Number of pages per set**_____

d) **4 sets for Commercial Number of Pages per set: _____ (Civil revisions) 5 Sets_____**

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

f) ***PLEASE PROVIDE A FULL SUMMARY OF ALL PAGES THAT HAVE BEEN CHANGED. Make sure each change has been clouded. A summary for each set of plans is required.***

g) Briefly **describe all items** you are submitting and the changes they represent.

_____

_____

_____

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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