

PERMITS FOR REREVIEW

Date Received: _____

Permit Type: _____

RE-REVIEW <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>	PE: _____ REV #: _____
REQUESTED INFORMATION FOR PERMIT (in department) <input style="width: 50px; height: 20px; margin-left: 10px;" type="checkbox"/>	TECH: _____ PERMIT SVC: _____ AGENTS NAME: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION BEFORE LEAVING PLANS

PERMIT NUMBER: _____

JOB SITE ADDRESS: _____

CONTRACTOR'S NAME: _____

CONTACT TELEPHONE NUMBER: _____

PLEASE GIVE DESCRIPTION OF CHANGES BEING MADE TO EXISTING PLAN

FLOOD ZONE: _____ **FIRE:** _____

ZONING SIGN OFF NEEDED: _____ **IMPACT:** _____

ACDR(FYI - LOT CHANGE) : _____ **HEALTH:** _____

You will be contacted when proposed changes have been reviewed or if Plans Examiners have any question regarding proposed changes.

PLANS EXAMINER SIGN OFF: _____

DATE COMPLETED: _____

REVIEW AMOUNT DUE \$ _____

FLOOD \$ DUE _____

FIRE \$ DUE _____

Date
Contacted: _____

Caller: _____

Spoke To: _____

Date Issued: _____

Received By: _____