

Building Permit Revisions for Corrections

Date In: _____

Building Permit # _____

Project Address: _____

Front counter Staff: _____

Please check off which review stations these revised drawings are required for review

<u>Review Station</u>	<u>Staff</u>
Architectural	
Zoning	
Building	
Accessibility	
Grading & Drainage	
Escarpment	
Landscape	
Historical	
Archaeological	
Green Building	
ADA	
Electrical	
Plumbing	
Waste Water	
Solid Waste	
Impact Fees	
Fire	