

RESUBMITTAL COVER SHEET

(Check One)

Resubmittal to Correct Noted Deficiencies

Voluntary Design Revision to Plans

Date: _____

Owners Name: _____ **Permit #:** _____

Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

If this is a Plans Revision, briefly but fully identify the revisions made:

SIGNATURE OF PROPERTY OWNER OR CONTRACTOR

DATE

Phone # of Signor: _____

APPROVAL – BUILDING DEPARTMENT

DATE

Fee (for use by Building Department Only)