

PERMITS FOR REREVIEW

Date Received: _____

Permit Type: _____

RE-REVIEW <input style="width: 50px; height: 20px;" type="checkbox"/>	PE: _____ REV #: _____
REQUESTED INFORMATION FOR PERMIT (in department) <input style="width: 50px; height: 20px;" 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: _____
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REVIEW AMOUNT DUE \$	FLOOD \$ DUE
FIRE \$ DUE	

Date Contacted: _____	Caller: _____	Spoke To: _____
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Date Issued: _____	Received By: _____
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