

RE-REVIEW APPLICATION

DATE: _____ PERMIT / APPLICATION NUMBER: _____

JOB SITE ADDRESS: _____

CONTRACTOR / DELEGATE: _____

CONTACT NUMBER: _____ EMAIL: _____

****PLEASE COMPLETELY FILL OUT THE SECTION BELOW AND UPLOAD THE FORM TO THE REFERENCED PERMIT / APPLICATION IN ORDER TO BE REVIEWED****

DESCRIPTION OF CHANGES BEING MADE TO EXISTING PLANS:

ARE YOU ADDING OR REMOVING A LICENSED PROFESSIONAL OR PRIVATE PROVIDER? Y / N (CIRCLE: ADD / REMOVE) CHECK ALL THAT APPLY-

<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> CONCRETE	CHANGE IN CONTRACT PRICE? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> MASONRY	IF YES, NEW TOTAL \$ _____
<input type="checkbox"/> GAS	<input type="checkbox"/> MASON	CHANGE IN SQUARE FOOTAGE?
<input type="checkbox"/> BUILDING	<input type="checkbox"/> PRIVATE PROVIDER	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> ROOFING	IF YES,
		SQ FT UNDER ROOF TOTAL _____
		SQ FT CONDITIONED TOTAL _____

CONTRACTOR / DELEGATE SIGNATURE: _____