



A Tradition of Stewardship
A Commitment to Service

PERMIT ALTERATION REQUEST

For Work Within the Scope of the Original Permit

Permit # _____

Date _____

Revision Number: (Check one) 1 2 3 4

FOR OFFICE USE ONLY	
ROUTING <input type="checkbox"/> Fire <input type="checkbox"/> Planning <input type="checkbox"/> Public Works <input type="checkbox"/> Engineering <input type="checkbox"/> EM	Bin: _____
Plan Checker: _____	

APPLICANT

You must return the **Job Set** of plans and **two copies** of your changes for review. If your changes are significant or beyond the scope of the original permit, you will be required to apply for a new permit. Please allow 2-3 weeks for approval of changes.

PROPERTY OWNER

Owner Name: _____ Is the Permit Held in This Name? **Y N**

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

PRIMARY CONTACT

Primary Contact Name: _____

Firm: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

PROPERTY DESCRIPTION

Street Address: _____

Suite/Unit #: _____ City: _____ Zip: _____

Cross Street: _____

Acreage: _____ APN#: _____

Valuation for Changes:

I am including:

- Complete Revised Set of Plans
- Original Job Set
- All Necessary Calcs & letters

* Additional Information May Be Required

Description of Change: If more space is needed, use the Scope of Work form for this section.
