



**BUILDING PERMIT REVISION APPLICATION OR
RESPONSES TO THE PLAN CHECK COMMENTS**

Building Division, Community & Economic Development Department
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Permit Staff Use Only

Received By: _____

Date Received: _____

Revision #: _____

Project Address: _____

Original Permit Number: _____

BUILDING PERMIT REVISION APPLICATION

Scope of Revision: _____

Has Designer/Contractor/ Owner changed: Yes No

Narratives for revisions per sheets: Yes No

Any new added scope to the original scope: Yes No (Added scope may require separate permit)

If yes, description of added Scope: _____

Cost for the revision: \$ _____ (if no cost increase indicate zero)

No. of sets of Drawings: _____ structural calcs.: _____ other docs.: _____

No. of Sheets in the Revision: 8 1/2" x 11" _____ Larger _____

As the Applicant of this project, I agree to the following:

1. The Permit Holder is aware and authorizes the submittal of this revision application.
2. The information and the statements given on this application, drawings and specification are true and correct, to the best of my knowledge.

Applicant's Name: _____ Company: _____

Lic.#: _____ [] ARCHITECT [] ENGINEER [] OTHER: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Intake Staff Only

Staff Initials: _____

Verified: Yes No

Verified: Yes No

Verified: Yes No

Verified: Yes No

Verified: Yes No

Verified: Yes No

No. of Photocopies: _____

Review Status:

Approved

Cond. Approved

Take in for PC

BLD PLN ENG

ARB TE HSG

Plan Review Time: _____ Hr.

Work Flow Staff Only

Staff Initials: _____

Verified: Yes No

Verified: Yes No

Review Cycle: _____

Route to:

BLD _____ PLN _____

ENG _____ TE _____

ARB _____ HSG _____

RESPONSES TO THE PLAN CHECK COMMENTS APPLICATION

Narratives for the Plan Check Comments: Yes No (* Required for every project)

No. of sets of Drawings: _____ Structural Calcs.: _____ Other Docs.: _____

Applicant's Name: _____ Company: _____

Lic.#: _____ [] ARCHITECT [] ENGINEER [] OTHER: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____