

Date Received:



Plan Change Application

PERMIT # _____

Job Address _____

Job Name _____

Description of Change _____

Owner Name _____ Phone # _____

Point of Contact (required): _____ Phone # _____

Point of Contact E-Mail: _____ Fax# _____

Contractor Name _____ Phone # _____

Architect / Engineer Name _____ Phone # _____

Person Requesting Change (CHECK ONE): OWNER ARCHITECT ENGINEER CONTRACTOR

VALUE OF WORK CHANGE if more than reference on Permit: \$ _____

I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

Person Requesting Change:

SIGNATURE OF OWNER or AGENT

Printed Name of Person Requesting Change Phone # _____