PERMIT REVISION

BUILDING SERVICES

Revision No: _____
(for town use)

Submittal Date: _____

Job-Site Address: _____

Permit/Subdivision No: _____

Person to Contact: _____

Phone No: _____ Fax No: _____

Email Address: _____

Description of Revision: _____

_____

_____

_____

_____

Plan Check Hours: _____ Date Approved: _____

Plan Checker: _____
(signature)

Received by Customer: _____ Date: _____
(signature)

TOWN OF DANVILLE • 510 LA GONDA WAY • DANVILLE, CA 94526-1740
925.314.3330 PHONE • 925.552.5448 FAX • WWW.DANVILLE.CA.GOV