



PERMIT REVISION APPLICATION

BUILDING SERVICES



Submittal Date: _____

Permit No. _____ Revision No: _____ *(for Town use)*

Job-Site Address: _____

Subdivision No: _____

Person to Contact: _____

Phone No: _____ Email Address: _____

Description of Revision:

- Gas Line Sizing *(See [Gas Line Submittal Requirements Handout](#) for more information.)*
- Pre-fabricated Truss *(Be sure to also provide letter from Engineer of Record stating he/she has reviewed and found the Truss layout, drawings, and calculations are in conformance with the permitted construction documents.)*
- For all others, provide description below:

Increase in Project Valuation: \$_____ or No increase in Project Valuation

Number of Sheets: _____ *Provide revised sheets only. Cloud and Delta Δ all revisions.*

(Below dashed line is for Town use only)

Plan Check Hours: _____ Date Approved: _____

Plan Checker: _____
(signature)

Approved Plans Routed To:

- In-house
- WC3 Shums Coda TRB

Received by Customer: _____ Date: _____
(signature, required for paper submittals)