

CITY OF AUBURN
BUILDING SAFETY & INSPECTION DIVISION
PLAN REVISION FORM

PROJECT ADDRESS _____ PERMIT # _____

INSPECTOR _____

PLANNING REVIEW REQ'D: YES NO FIRE REVIEW REQ'D: YES NO

- Any changes to the "JOB COPY" set of plans must be approved by Building & Safety.
- All revisions shall be clearly identified by "clouding".
- Submit three copies of "to scale" drawings on the same paper size as the originally submitted plans.

A minimum fee of \$169.00 is required at time of revision submittal.
Additional charges at \$169.00/hour may be applied, depending on review time.

BRIEFLY DESCRIBE THE REVISION:

NAME: _____

DATE: _____

PHONE: _____

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FOR OFFICE USE ONLY

Account # 45-000-78004

SUBMITTAL FEE: \$169.00

DATE PAID: _____

RECEIPT # _____

APPROVED BY: _____

BALANCE DUE: _____

DATE PAID: _____

RECEIPT # _____

Cc: Finance
File