

**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:**

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NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

**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