REQUEST FORM

DATE SUBMITTED_____

PERMIT #_____-_____

JOB ADDRESS_____

CONTRACTOR NAME_____

CONTACT TELEPHONE NUMBER (***REQUIRED***)_____(_____)_____-_____

PLEASE CHECK ONE OF THE FOLLOWING:

1. PLANS CHANGE-STRUCTURAL/SEALED. BRIEF SUMMARY OF CHANGE(S)

   _____

   _____

   _____

2. PLANS CHANGE-NON STRUCTURAL. BRIEF SUMMARY OF CHANGE(S)

   _____

   _____

3. FIRE _____
4. ZONING _____
5. OTHER. DESCRIPTION:

   _____

   _____

_____ REJECTED BY _____

_____ APPROVED BY _____

AMOUNT DUE: $_____