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: $_____