



Building Division

Revision

(use when permit has been issued)

ePlan Application Yes No Commercial Residential
 Date: _____ *Permit #: _____ Received By: _____

Contractor:

*Job Address:		
*Owner / Contractor Name:		
*Phone:		*Fax:
*Email:		
*List Items being Submitted:		
Upload _____ pages to ePlan at \$5.00 per page. Initial _____		
Square Footage:	FROM: _____	TO: _____
Valuation:	FROM: \$ _____	TO: \$ _____
Value difference:	\$ _____	

Permit #:

Reviews	Date Sent	Date	AP / COR	By	Fees
Addressing					
P&D					
Zoning					
Building					
Electrical					
Fire					
Mechanical					
Plumbing					
Other					

TOTAL FEES: