



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: \$ _____