



**BUILDING PERMIT REVISION APPLICATION OR
RESPONSES TO THE PLAN CHECK COMMENTS**

Building Division, Community & Economic Development Department
1666 N. Main Street, Walnut Creek, CA 94596
Tel.: (925) 943-5834; Fax (925) 256-3500

Permit Staff Use Only

Received By: _____

Date Received: _____

Revision #: _____

Project Address: _____

Original Permit Number: _____

BUILDING PERMIT REVISION APPLICATION

Scope of Revision: _____

Has Contractor changed: Yes No (If Yes, please stop, use new building permit application form)

Has Designer/Owner changed: Yes No (Please get an authorization letter from original designer if designer has changed)

Narratives for revisions per sheets: Yes No

Any new added scope to the original scope: Yes No (Added scope may require separate permit)

If yes, description of added Scope: _____

Cost for the revision: \$ _____ (if no cost increase indicate zero)

No. of sets of Drawings: _____ Structural calcs.: _____ Other docs.: _____

No. of Sheets in the Revision: 8 1/2" x 11" _____ Larger _____

As the applicant of this project, I agree to the following:

- 1. The permit holder is aware and authorizes the submittal of this permit application.
- 2. The information and the statement given on this application, drawings and specifications are true and correct, to the best of my knowledge.

Applicant's Name: _____ Company: _____

Lic.#: _____ ARCHITECT ENGINEER OTHER: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Intake Staff Only

Staff Initials: _____

Review Status:

Approved

Cond. Approved

Take in for PC

BLD PLN ENG

ARB TE HSG

Plan Review Time: _____ Hr.

RESPONSES TO THE PLAN CHECK COMMENTS APPLICATION

Narratives for the Plan Check Comments: Yes No (* Required for every project)

Has Designer changed: Yes No

No. of sets of Drawings: _____ Structural Calcs.: _____ Other Docs.: _____

As the applicant of this project, I agree to the following:

- 1. The permit holder is aware and authorizes the submittal of this permit application.
- 2. The information and the statement given on this application, drawings and specifications are true and correct, to the best of my knowledge.

Applicant's Name: _____ ARCHITECT ENGINEER OTHER: _____

Email: _____ Phone: _____ Fax: _____

Signature: _____ Date: _____

Work Flow Staff Only

Staff Initials: _____

Review Cycle: _____

Route to:

BLD _____ PLN _____

ENG _____ TE _____

ARB _____ HSG _____