



REVISION APPLICATION

DEVELOPMENT CENTER
CITY OF PALO ALTO
285 HAMILTON AVE., 1st Floor
PALO ALTO, CA 94301
(650) 329-2496

Project Address: _____

Revision # _____ REV - 00000 - _____

Application Date: _____

Permit # _____ - 00000 - _____

Contact Person:

Name: _____

Address: _____

Phone: _____

Fax: _____

Owner:

Name: _____

Address: _____

Phone: _____

Fax: _____

Contractor:

Name: _____

Address: _____

Phone: _____

Architect/Designer:

Name: _____

Address: _____

Phone: _____

Description of Revision:

Checklist: All applications for revisions to an active permit must contain the following:

- _____ 1. A minimum of two sets of revised sheets only. More than 2 sets may be required due to project complexity/scope and the number of departments involved in the review. Full size plan sheets are required; drawings on 8-1/2"x11" paper will not be accepted. Note: If a third party plan checker was used, a reference copy of the original approved plans may also be required.
- _____ 2. An itemized list describing the proposed plan changes and their locations on plans.
- _____ 3. All revisions are to be clouded on the plans.
- _____ 4. Plans are wet signed by the architect, engineer or designer and stamped if applicable.

For Official Use

Estimated plan check completion date: _____

<u>Routed to:</u>	Bldg _____	Plng _____	PWE _____	Fire _____
	WGW _____	E Util _____	WQCP _____	C&D _____

Fees: Plan Check _____ M/F _____ Other _____ Total _____

Taken in by _____