

REVISION SUBMITTAL FORM

FIRST REVISION: No Fee SUBSEQUENT REVISIONS: \$20 CHANGES TO APPROVED PERMIT PLANS: \$50

PROJECT ADDRESS: _____

PLAN #: _____ - _____ - _____ - _____

PROJECT NAME: _____

DATE RECEIVED AT PLANNING: _____

PERSON SUBMITTING REVISIONS:

TYPE OF SUBMITTAL:

YOUR NAME: _____

PLANS REVIEW REVISIONS CHANGES TO APPROVED PLANS

BUSINESS PHONE: _____

ZONING PERMIT FINAL PLAT

BUSINESS EMAIL: _____

PRELIMINARY PLAT OTHER _____

PLANS REVIEW REVISIONS, CHANGES TO APPROVED PLANS, PRELIMINARY PLAT REVISIONS

- Paper Copies:**
 - Submit paper copies of revised sheets only Building Plans – 2 copies of each revised sheet
 - Collate and staple each set of revised sheets Site Plans – 4 copies of each revised sheet
 - Cloud/note changes on each sheet & include revision date (*Do not cloud preliminary plat revisions*)

- CD:**
 - Save ENTIRE PLAN SET & other documents on CD Saved in .PDF or .DWF format
 - Revised sheets incorporated into overall plan set PDF maximum: 30 MB / DWF maximum: 80 MB
 - Plans saved in one file (multiples ok if file too large - contact staff) Sheet index updated, if needed
 - All sheets rotated to view on-screen All sheets saved in order listed in sheet index

- Narrative:** A description of how and on what sheet each comment was addressed. The narrative may consist of an annotated copy of the printed Plans Review comments, a letter outlining the changes, or a list on the back of this Revision Form. Narrative for Changes to Approved Plans should outline changes in detail.

- Supporting Documents / Reports:** 1 paper copy and a PDF on CD

- Departmental Reviewers** – Check each reviewer needing to review these revisions:

- | | | | |
|----------------------------------------------|------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Building Division | <input type="checkbox"/> HVAC / Gas Division | <input type="checkbox"/> Public Works - Floodplain | <input type="checkbox"/> Public Works - Engineering |
| <input type="checkbox"/> Community Forester | <input type="checkbox"/> Planning Department | <input type="checkbox"/> Public Works - LDA | <input type="checkbox"/> Public Works - Traffic |
| <input type="checkbox"/> Cross Connection | <input type="checkbox"/> Planning Department - TMP | <input type="checkbox"/> Public Works - ROW | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Electrical Division | <input type="checkbox"/> Plumbing Division | <input type="checkbox"/> Public Works - Simple LDA | <input type="checkbox"/> Transit |
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Public Utilities Department | <input type="checkbox"/> Public Works - Detention | |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Public Works - Driveway | <input type="checkbox"/> Public Works - Quality | |

FINAL PLAT REVISIONS

- Paper Copies:** 3 sets, 4 if Health Department reviewing
- CD:** Required - see file size requirements listed above
- Narrative:** description of how each comment was addressed
- Signature Copies:** 2 originals for recording, after approval

ZONING PERMIT REVISIONS

- Paper Copies:** 1 set, 3 upon approval
- CD:** Recommended, not required. See file sizes above
- Narrative:** description of how each comment was addressed

FOR STAFF USE:

Received by: _____

Fee: Yes n/a

Narrative: Yes

Number of Paper Copies (see above): _____

CD: Yes n/a - ZP only

Logged In: Yes