

Date \_\_\_\_\_  
 Clerk: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Master Model: \_\_\_\_\_



**Instructions**  
 Complete Job  
 Address, Sections  
 1-5, and  
 appropriate  
 signature on back.

## BUILDING DEPARTMENT APPLICATION FOR PLAN REVISION

**Master Permit:** \_\_\_\_\_ **JOB ADDRESS:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

<b>1. Information</b>	Owner _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Driver Lic. No./I.D. _____ Phone (____) _____ Owner-Builder <input type="radio"/>	<b>2. Contractor Information</b>	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Lic # _____ Phone (____) _____
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**The plan revision affects the following disciplines\*:** **Increase in Job Value \$** \_\_\_\_\_  
**(Applicant check all that apply)** **Decrease in Job Value \$** \_\_\_\_\_

<b>3. Type of Revision</b>	<input type="radio"/> Building <input type="radio"/> Mechanical <input type="radio"/> Roofing <input type="radio"/> Structural <input type="radio"/> Fire Sprinkler <input type="radio"/> Electrical <input type="radio"/> Accessibility <input type="radio"/> Energy <input type="radio"/> Sign <input type="radio"/> Shop Drawing <input type="radio"/> Plumbing/Gas <input type="radio"/> Zoning <input type="radio"/> Fire <input type="radio"/> Public Works <input type="radio"/>	<b>4. Contact</b>	Name _____ Phone 1 (____) _____ Phone 2 (____) _____ E-mail _____
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**(Plans must have revisions clouded-in and properly numbered in the title block.)**

**5. Description**  
 Provide a brief description of what is being revised.

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DO NOT WRITE BELOW THIS LINE

R	Discipline	Approved / Date	Disapproved / Date	Application Includes	Fee Code	Fees \$	.00
	Zoning						
	Building						
	Fire						
	Structural						
	Electrical						
	Mechanical						
	Plumbing						
	Flood						
	Public Works						
				<b>Base Permit</b>			
				<b>(# ) Violation</b>	200		
				<b>(#Shts ) Scanning Fee</b>	800		
				Certificate of:			
				<input type="radio"/> Occupancy <input type="radio"/> Completion			
				Code Compliance	300		
				State Surcharge	400		
				City Parks/Police Impact			
				6% Concurrency	700		
				City Roadway Fee	900		
				<b>TOTAL PERMIT FEE</b>			
				Up-Front Fee	100 (-)		
				Balance Due			
<b>Application Approved by:</b> _____				<b>Date:</b> _____			

\*Please note that a plans examiner has the authority to modify required reviews based upon examination of the plans.

Permit No. \_\_\_\_\_ Address: \_\_\_\_\_

<p><b>Contractor please read carefully:</b></p> <p>Application is hereby made for plan revision as indicated herein. I certify that I understand I am the contractor for the Master Permit and acknowledge this revision. I further understand the requirements and provisions in this document.</p>	<p>X</p> <p>Signature of Contractor for Master Permit STATE OF FLORIDA, COUNTY OF _____ Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____, by (Print Name) _____</p> <p>Notary Name _____ Personally known <input type="radio"/> or I.D. _____</p>
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**Table of Required Reviews for Plan Revisions**

<u>Plan Revision Discipline Requested</u>	<u>Required Reviews Generated</u>
Building .....	Building, Zoning, Fire
Electrical .....	Electrical, Fire
Energy .....	Mechanical
Fire .....	Fire, Building
Fire Sprinklers .....	Mechanical, Fire
Handicap .....	Building
Mechanical .....	Mechanical, Fire
Paving/Drainage .....	Building, Public Works, Zoning
Planning/Concurrency .....	Zoning
Plumbing/Gas .....	Plumbing, DERM
Roofing .....	Roofing
Shop Drawing .....	Building
Sign .....	Building, Zoning, Electrical, Structural
Structural .....	Structural
Zoning .....	Zoning, Building

**\*Please note that a plans examiner has the authority to modify required reviews based upon examination of the plans.**

**CHANGES FROM MASTER PERMIT**

Occupancy: _____ Construction Type: _____	<p align="right">Increased:</p> <p>Area (sq.ft.) _____ Length (ft.) _____</p> <p>Remarks: _____</p>
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**Flood Section**

<input type="radio"/> New Structure <input type="radio"/> Renovation of existing <input type="radio"/> Residential <input type="radio"/> Non – Residential FIRM Zone ____ BFE ____ Panel ____ Back of Sidewalk ____ Crown of Road ____ Minimum Required Elevation ____ Ordinance Date ____	Lowest Floor Elevation ____ Garage Floor Elevation ____ Proposed improvement value ____ Existing Building Market value ____ 5 year cumulative improvement total ____ 5 year cumulative improvement percentage ____	<input type="radio"/> Existing <input type="radio"/> Proposed <input type="radio"/> Existing <input type="radio"/> Proposed
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