



Clerk: _____
 Permit #: _____
 Master Permit #: _____

PUBLIC WORKS DEPARTMENT APPLICATION FOR PLAN REVISION

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

Application may be
 rejected if not filled
 out in its entirety

Location of Work:

Unit #:

Zip Code:

1. Information	Owner _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Driver Lic. No./I.D. _____ Phone (____) _____ Owner-Builder <input type="radio"/>	2. Contractor	Company Name _____ Qualifier Name _____ Address _____ City _____ St _____ Zip _____ E-mail _____ Lic # _____ Phone (____) _____															
The plan revision affects the following disciplines*: (Applicant check all that apply)		Increase in Job Value \$ _____ Decrease in Job Value \$ _____																
3. Type of Revision	<table style="width: 100%;"> <tr> <td><input type="radio"/> Building</td> <td><input type="radio"/> Mechanical</td> <td><input type="radio"/> Roofing</td> </tr> <tr> <td><input type="radio"/> Structural</td> <td><input type="radio"/> Fire Sprinkler</td> <td><input type="radio"/> Electrical</td> </tr> <tr> <td><input type="radio"/> Accessibility</td> <td><input type="radio"/> Energy</td> <td><input type="radio"/> Sign</td> </tr> <tr> <td><input type="radio"/> Shop Drawing</td> <td><input type="radio"/> Plumbing/Gas</td> <td><input type="radio"/> Zoning</td> </tr> <tr> <td><input type="radio"/> Fire</td> <td><input type="radio"/> Public Works</td> <td><input type="radio"/></td> </tr> </table>	<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"/>	4. Contact	Name _____ Phone 1 (____) _____ Phone 2 (____) _____ E-mail _____
<input type="radio"/> Building	<input type="radio"/> Mechanical	<input type="radio"/> Roofing																
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<input type="radio"/> Fire	<input type="radio"/> Public Works	<input type="radio"/>																
5. Description	<p style="text-align: center;">(Plans must have revisions <u>clouded-in</u> and properly numbered in the title block.)</p> Provide a brief description of what is being revised. _____ _____ _____																	

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						
#	Checked Out	Date Out/In	Clerk	#	Checked Out	Date Out/In	Clerk
1		/		5		/	
2		/		6		/	
3		/		7		/	
4		/		8		/	
Application Approved by: _____ Date: _____				Base Permit (#) Violation 200 (#Shts) Scanning Fee 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 TOTAL PERMIT FEE Up-Front Fee 100 (-) Balance Due			

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

Permit No. _____ Address: _____

<p>Contractor please read carefully:</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 style="text-align: center;">X</p> <hr/> <p>Print Name of Qualifier _____</p> <hr/> <p>Signature of Qualifier _____</p> <p>STATE OF FLORIDA, COUNTY OF _____</p> <p>Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____,</p> <p>Notary Name _____</p> <p>Notary Signature _____</p> <p>Personally known <input type="radio"/> or I.D. _____</p>
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Table of Required Reviews for Plan Revisions

Plan Revision Discipline Requested	Required Reviews Generated
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

<p>Occupancy: _____ Construction Type: _____</p>	<p style="text-align: right;">Increased:</p> <p>Area (sq.ft.) _____ Length (ft.) _____</p> <p>Remarks: _____</p>
Flood Section	
<p><input type="radio"/> New Structure <input type="radio"/> Renovation of existing</p> <p><input type="radio"/> Residential <input type="radio"/> Non – Residential</p> <p>FIRM Zone _____ BFE _____ Panel _____</p> <p>Back of Sidewalk _____ Crown of Road _____</p> <p>Minimum Required Elevation _____</p> <p>Ordinance Date _____</p>	<p>Lowest Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed</p> <p>Garage Floor Elevation _____ <input type="radio"/> Existing <input type="radio"/> Proposed</p> <p>Proposed improvement value _____</p> <p>Existing Building Market value _____</p> <p>5 year cumulative improvement total _____</p> <p>5 year cumulative improvement percentage _____</p>