



GROWTH MANAGEMENT DEPARTMENT
201 S.E. 3rd Street (Second Floor), OCALA, FL 34471
(352) 629-8421 FAX PERMITS TO: (352) 629-8264

REVISION REQUEST

Date: _____

Permit #: _____

Job Address: _____

Contact Name: _____ Phone: _____

Disciplines affected by this revision (Please check all that apply):

- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electric | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Gas | <input type="checkbox"/> Site | <input type="checkbox"/> Alarm | <input type="checkbox"/> Floodplain |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Planning | <input type="checkbox"/> Fire | |

Narrative attached

(5 copies of all revisions, including 5 copies of a narrative addressing unmet conditions and any changes to plans are required to be submitted. All 5 copies shall be collated into 5 complete sets).

If you submitted electronically, this form will need to be filled out and uploaded to the document folder in Projectdox at the time you upload your drawings.

Are these plans replacements or additions to previously submitted plans? Replacements **Additions**

Scope of proposed change: (attach additional sheets, if necessary).

Customer Print name: _____

Signature: _____

FOR OFFICIAL USE:

Permit Tech: _____

Comments: _____