



APPLICATION FOR REVISIONS TO PLAN

PERMIT NO.

TIME/DATE STAMP

Folio#: _____

Lot _____ Block _____ Sec. _____

Owner _____ Phone _____

Job Address _____

Contractor _____ Phone _____

Sub-Contractor _____

Type of Work _____

Description of Revisions:

Check All Disciplines That Apply:

Structural Electrical Plumbing Mechanical Fire

Planning & Development _____ Other Agencies _____

Signature of Qualified Applicant

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn or Affirmed and Subscribed before me
this _____ day of _____, _____.

	<u>Fees</u>	<u>Approved By</u>
Struc. \$	_____	_____
Elect. \$	_____	_____
A/C \$	_____	_____
Plumb \$	_____	_____
Fire \$	_____	_____

Notary Public, State of Florida