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## CITY OF WESTLAKE BUILDING DEPARTMENT PERMIT REVISION APPLICATION

(Change of Plan submitted to an issued permit)

Revision Application is required when Plans are submitted after the Master Permit has been issued. Fees for Revision: \$75.00 PLUS \$20 per Page TOTAL NUMBER OF PAGES (NOT INCLUDING THIS PAGE)

| THO JEST IN TO IN  | MATI                                       | ON  |                                      |                                       |                               |                              |              |                         |                       |  |
|--|--|---|--------------------------------------|---------------------------------------|-------------------------------|------------------------------|--------------|-------------------------|-----------------------|--|
| Master Permit #  |  |   |                                      | Revision #:                           |                               | 3                            |              | Submittal Date:         |                       |  |
| Is this a correcti   | on to                                      | an existing revis   | ion? 🗌 No 🗌                          | Yes, if Yes,                          | provide the                   | applica                      | ation #:     | Applica                 | ation #               | :  |
| Job Address:   |  |   |                                      |                                       |                               |                              | •            |                         |                       |  |
| Job Name:  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
| Contracting Co.:   |  |   |                                      | Phon                                  | e:                            |                              | Em           | nail:                   |                       |  |
| Company Address:   |  |   |                                      | •                                     | City:                         |                              |              | State:                  |                       | Zip:   |
| Qualifier's Name:  |  |   | Owner-B                              | Owner-Builder: 🔲 License              |                               | e or Cert                    | of Com       | p. #                    |                       |  |
| REVISON INFOR  | MATI                                       |   |                                      |                                       |                               |                              |              |                         |                       |  |
|  |  |   | affects the follo                    |                                       |                               |                              | 2000000      |                         | ply                   |  |
| Building   |  | Electrical Plumbing   |                                      | g 🗆                                   | ☐ Mechanical ☐                |                              | Roo          | Roofing                 |                       | Fire   |
| Zoning   | ☐ Zoning ☐ Engineering ☐ Other (Specify):  |   |                                      |                                       |                               |                              |              |                         |                       |  |
| Do these revisions represent a change in the scope of work a   |  |   |                                      |                                       | increased job cost?           |                              |              |                         | s, provide new cost.  |  |
| Increase in Job (  | New  | w Total Job Cost:   |                                      |                                       |                               |                              |              |                         |                       |  |
| *Please note that a  | plans                                      | examiner has the auth   | nority to modify re                  | equired reviews                       | based upon ex                 | aminatio                     | n of the pla | ıns submit              | ted for r             | evision  |
|  |  |   | Provide a b                          | rief descripti                        | on of the re                  | vised w                      | ork          |                         |                       |  |
|  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
|  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
|  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
|  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
|  |  |   |                                      |                                       |                               |                              |              |                         |                       |  |
| Applicant please   | e read                                     | d carefully:  |                                      |                                       |                               |                              |              |                         |                       |  |
| Applicant please<br>Application is he<br>disciplines indicate<br>revisions or inspect  | ereby<br>ed wil                            | made for plan revis<br>I review my plans. I                               | sion as indicated<br>I am aware that | l herein. I certil<br>any error in in | y that all the dicating the c | informat<br>liscipline       | ion is acco  | urate. I ur<br>may resu | nderstar<br>ult in th | nd that only the review<br>e need for further plan |
| Application is he disciplines indicate   | ereby<br>ed wil                            | made for plan revis<br>I review my plans. I                               | sion as indicated<br>I am aware that | l herein. I certil<br>any error in in |                               |                              |              |                         |                       | nd that only the review<br>e need for further plan |
| Application is he disciplines indicate revisions or inspect  | ereby<br>ed wil                            | made for plan revis<br>I review my plans. I                               | sion as indicated<br>I am aware that | l herein. I certif<br>any error in in |                               |                              |              |                         |                       |  |
| Application is he disciplines indicate revisions or inspect Contractor Print Name Signature: STATE OF FLOIRI County of                         | ereby<br>ed wil<br>tion d                  | made for plan revi:<br>I review my plans. I<br>elays.                     |                                      | l herein. I certif<br>any error in in |                               | nature:                      |              |                         |                       |  |
| Application is he disciplines indicate revisions or inspect Contractor Print Name Signature: STATE OF FLOIRE County of Sworn to (or af         | ereby<br>ed will<br>tion d                 | made for plan revi<br>Il review my plans. I<br>elays.<br>ed) and subscrib | ped before                           | l herein. I certii<br>any error in in | Notary Sign                   | nature:                      |              |                         |                       |  |
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| Application is he disciplines indicate revisions or inspect Contractor Print Name Signature: STATE OF FLOIRI County of Sworn to (or af me this | ereby<br>ed wild<br>tion de<br>DA<br>firme | made for plan revi<br>Il review my plans. I<br>elays.<br>ed) and subscrib | oed before                           | l herein. I certii<br>any error in in | Notary Sign                   | nature: <sub>.</sub><br>me:( | Print, typ   | oe or Sta               | mp No                 |  |