



REVISION TO BUILDING PERMIT

Community Development Department

Building Division

1600 First St., PO Box 650

Napa, CA 94559-0660

OFFICE USE ONLY
PERMIT#: _____
RECEIVED BY _____ DATE RECEIVED _____

This form must be filled out and returned with all the information requested along with a revision letter that explains the change/s in scope of work. **All changes must be clearly identified on the plans by revision cloud and delta, and on the revision letter.**

Please resubmit three (3-6) new complete, signed and stamped sets of plans. Partial or incomplete resubmittals will not be accepted. Additional fees will be assessed upon re-issuance of the permit, depending on the scope of changes and review time.

PROJECT NAME: _____
PROJECT ADDRESS: _____
PERMIT #: _____ DATE: _____

PRIMARY CONTACT	<i>All communication from our office will be made to this person via email.</i>
Contact Name: _____	Firm/License#: _____
Address: _____	
City: _____	State: _____ Zip: _____
Email: _____	Phone #: _____
<input type="checkbox"/> I represent the <input type="checkbox"/> Owner <input type="checkbox"/> Contractor	

Please list any changes to the plans that are not in the revision letter. Use a separate page if necessary.

1. _____
2. _____
3. _____
4. _____

Revised plans will be reviewed for conformance with adopted codes and standards by Building, Planning, Public Works and Fire Departments as needed for the project. Plan review for comments is (up to) 21 working days. Subsequent plan review for resubmittals is up to 14 working days.

Please be aware that revisions to projects that received Planning Commission approval, may trigger a need to obtain additional/discretionary approvals from the Planning Commission.

I understand that the information provided clearly represents all the revisions to the submittal. Any changes to the plans and documents that are not clearly clouded may cause the plan check to be delayed. Non-response to comments will generate additional comment letters.

Signature: _____ **Date:** _____