

Date Received: \_\_\_\_\_



# Plan Change Application

PERMIT # \_\_\_\_\_

Job Address \_\_\_\_\_

Job Name \_\_\_\_\_

Description of Change \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone # \_\_\_\_\_

Point of Contact (*required*): \_\_\_\_\_ Phone # \_\_\_\_\_

Point of Contact E-Mail: \_\_\_\_\_ Fax# \_\_\_\_\_

Contractor Name \_\_\_\_\_ Phone # \_\_\_\_\_

Architect / Engineer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Person Requesting Change (CHECK ONE):     OWNER     ARCHITECT     ENGINEER     CONTRACTOR

VALUE OF WORK CHANGE if more than reference on Permit: \$ \_\_\_\_\_

I CERTIFY THAT ALL OF THE FOREGOING INFORMATION IS ACCURATE AND THAT ALL WORK WILL BE DONE IN COMPLIANCE WITH LOCAL ORDINANCES, AND LAWS REGULATING CONSTRUCTION AND ZONING.

Person Requesting Change:

\_\_\_\_\_  
SIGNATURE OF OWNER or AGENT

\_\_\_\_\_  
Printed Name of Person Requesting Change

\_\_\_\_\_  
Phone #