

RE-REVIEW FORM

DATE: _____

PERMIT/APPLICATION NUMBER: _____

JOB SITE ADDRESS: _____

CONTRACTOR'S NAME: _____

SUBMITTED BY: _____

CONTACT NUMBER: _____

DESCRIPTION OF CHANGES BEING MADE TO EXISTING BUILDING PLANS: _____

CHECK ANY THAT RE-REVIEW APPLIES TO:

ELECTRICAL

CHANGE IN CONTRACT PRICE

MECHANICAL

YES NO \$ _____

PLUMBING

CHANGE IN SQUARE FOOTAGE

GAS

YES NO SQ FT _____

BUILDING

OTHER _____