

CITY OF PACIFIC GROVE PLAN REVISION FORM

DATE _____ OWNER'S NAME _____

JOB ADDRESS: _____

PHONE NO: (_____) _____ APN: _____

CONTACT PERSON: _____

BUILDING PERMIT or PLAN CHECK #: _____

EXTERIOR CHANGES: **YES** **NO**

- Any changes to the approved job copy of plans must be approved by the Building Inspection Division
- All revisions shall be clearly identified by clouding
- A fee of \$60 per hour will be assessed for the revision plan check (less than 50% altered structure) with a minimum fee of \$30. All additions and greater than 50% altered structures will be assessed at the square footage fee rates.

In the space provided below, describe in detail the proposed changes to the plan. Identify which area and page on the plans that changes have been made. Use the back of this form if more space is needed to list your changes. **THREE (3) sets of plans and details** are required with your submittal today for review (minimum sheet size 8-1/2" x 11")

Owner or Agent's signature _____

Corrections required to your proposed plan changes:

SPACE BELOW FOR OFFICE USE ONLY

APPROVED BY: _____ DATE: _____ FEE: _____ DATE PAID: _____

A.R.B. Approval: Yes No Fire Department Approval: Yes No

Comments: _____

