

RESUBMITTAL COVER SHEET

(Check One)

Resubmittal to Correct Noted Deficiencies

Fee: \$55.00

Voluntary Design Revision to Plans

Date: _____

Owners Name: _____ Permit #: _____

Contractor: _____ Contact: _____

Phone #: _____ Fax #: _____

If this is a Plans Revision, briefly but fully identify the revisions made:
