St. Johns County Board of County Commissioners

St. Johns County Building Department 4040 Lewis Speedway St. Augustine, Florida 32084

Phone: 904-827-6800 Fax: 904-827-6849



Revision Request Sheet

Date:	Received by:	R	esubmitted:,	
Permit Number:		Clearance S	Clearance Sheet Number:	
Original Plans Examiner:		Project Na	me:	
Project Address:				
Contractor:		Contact Na	me:	
Contact Phone Number:		Contact Em	nail:	
Revision/Plan Check/Perr	mit Fee(s) Due: \$			
Description of Proposed	Revision to Existing Perm	<u>it:</u>		
Pending Hold:				
Structural:				
Plumbing:				
Mechanical:				
Electrical:				
Misc.:				
Additional Increase in Bu	ilding Value: \$		Additional Square Footage:	
Clearance Sheet/Site Plan	Revised:		Environmental Health Approval:	
By signing below, I (print n proposed changes.	ame)		affirm that the above revision is inclusive of the	
Signature of Contractor	/Agent (Contractor must sign if in	acrease in valuation)	Date	
		Office Use Only		
Date:	Approved:	Rejected: _	Notified by:	
Plan Review Comments	:			
Plans Examiner			Date	