St. Johns County Building Department
4040 Lewis Speedway St. Augustine, Florida 32084
904-827-6800

REVISION REQUEST SHEET

Depository Account No._____

Date_____Received by_____Resubmitted_____, _____

Permit Number_____Clearance Sheet Number: _____

Original Plans Examiner_____Project Name_____

Project Address_____

Contractor_____Contact Name_____

Contact Phone Number_____Contact Email_____

Revision/Plan Check/Permit Fee(s) Due: $_____

Description of Proposed Revision to Existing Permit:

Pending Hold: _____

_____

Structural: _____

_____

Plumbing: _____

_____

Mechanical: _____

_____

Electrical: _____

_____

Misc: _____

_____

Additional Increase in Building Value: $_____ Additional Square Footage: _____
Clearance Sheet/Site Plan Revised:_____ Environmental Health Approval:_____

By signing below, I (print name)_____ **affirm that the above revision is inclusive of the proposed changes.**

_____ _____

Signature of Contractor/Agent **(Contractor must sign if valuation increased)** **Date**

Office Use Only

Date_____Approved_____Rejected_____Notified by_____

Plan Review Comments:

_____

_____

_____ _____

Plans Examiner Date