City of San Clemente
Building Division

Permit Tech's Initials: _____

Date: _____

REVISION SUBMITTAL FORM

REVISIONS MUST BE CLOUDED

Permit # _____   Has permit been issued?   Yes ☐   No ☐

Property Address: _____

Property Owner: _____

Project Contact: _____   Phone: _____

Project Name: _____

Explain the nature of the changes: _____
_____
_____

On the line provided, write in the number of sets of each item that you are submitting and identify the sheet numbers. (Note: You *must* provide the same number of documents/plans as originally submitted.)

Sets   # Sets

____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____

____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____
____ _____   ____ _____

1st Submittal/Reviewed By: _____ Date: _____ Time Spent_____ ☐ Approved ☐ Disapproved
2nd Submittal/Reviewed By: _____ Date: _____ Time Spent_____ ☐ Approved ☐ Disapproved
3rd Submittal/Reviewed By: _____ Date: _____ Time Spent_____ ☐ Approved ☐ Disapproved
4th Submittal/Reviewed By: _____ Date: _____ ___ Time Spent_____ ☐ Approved ☐ Disapproved

Approved By:_____   Date: _____   Total Time Spent_____

Comments: _____
_____

06/16/2010