



**City of San Juan Capistrano**

Development Services Department

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REV #

# REVISION APPLICATION

<b>CONTRACTOR OF RECORD</b>
<b>CONTACT NAME:</b>
<b>CONTACT PHONE #</b>
(       )
<b>EMAIL ADDRESS</b>

<b>PERMIT NUMBER</b>
<b>JOB ADDRESS</b>

<b>DEPARTMENT APPROVAL REQUIRED:</b>
PLANNING: <input type="checkbox"/> YES <input type="checkbox"/> NO
ENGINEERING: <input type="checkbox"/> YES <input type="checkbox"/> NO
WATER: <input type="checkbox"/> YES <input type="checkbox"/> NO

**INSTRUCTIONS:**

1. Submit 3 sets of only the revised sheets stapled into sets (do not submit complete set of plans)
2. "CLOUD" the proposed changes on the drawings.
3. Note the page number(s) on which the revision(s) occur.
4. Provide description of proposed changes.

<b>DESCRIPTION OF PROPOSED CHANGES:</b>
PG #
<input type="checkbox"/> 1 . _____
<input type="checkbox"/> 2 . _____
<input type="checkbox"/> 3 . _____
<input type="checkbox"/> 4 . _____
<input type="checkbox"/> 5 . _____

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**BUILDING REVISION FEE:**

**\$86.93/HOUR - 1 HOUR MINIMUM – Per table 3.A.1**

**ESTIMATED REVIEW TIME:**

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 HOURS

<b>FOR OFFICE USE ONLY</b>
<b>APPROVED BY:</b> _____ <b>DATE:</b> _____