

**CITY OF ST. AUGUSTINE
PLANNING & BUILDING DEPARTMENT**

APPLICATION FOR REVISION OF APPROVED PLANS

PERMIT No. _____ - _____ - _____

CONTRACTOR NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PH. _____

OWNER NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PH. _____

JOB ADDRESS _____ DIRECT WORK VALUTION \$ _____

DESCRIPTION OF PROPOSED REVISION:

STRUCTURAL: _____

ELECTRICAL: _____

PLUMBING: _____

MECHANICAL: _____

APPLICATION IS HEREBY MADE TO REVISE OR MODIFY THE WORK APPROVED BY THE ABOVE REFERENCED BUILDING PERMIT. I CERTIFY THAT THE PROPOSED REVISIONS HAVE BEEN REVIEWED BY THE ENGINEER OR ARCHITECT OF RECORD AND ACCEPTED BY THE OWNER OR OWNER'S REPRESENTATIVE. I FURTHER CERTIFY THAT THE PROPOSED REVISIONS DO NOT VIOLATE ANY CODES OR ORDINANCES ADOPTED BY THE CITY OF ST. AUGUSTINE.

SIGNATURE _____

APPLICANT

DATE _____

-----STAFF USE ONLY-----

FEES:

BUILDING \$ _____
PLAN CHECK \$ _____
MECHANICAL \$ _____
PLUMBING \$ _____
ELECTRICAL \$ _____
ST. SURCH. \$ _____
TOTAL FEES \$ _____

APPROVALS:

ZONING _____ DATE _____
ARCHITECTURAL _____ DATE _____
FIRE MARSHAL _____ DATE _____
ARCHAEOLOGY _____ DATE _____
PUBLIC WORKS _____ DATE _____
BUILDING OFFICIAL _____ DATE _____

PERMIT ISSUED BY _____

DATE _____

REVISED: 05/14/2015