

# Town of Highland Beach

Building Department

## REVISION REQUEST

(561) 278-4540 Fax (561) 278-2606

Permit #: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Complete Address Where Work is being Done:

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Cell: \_\_\_\_\_

Additional Construction Cost for This Change: \$ \_\_\_\_\_

Explain Revision(s):

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**NOTE:** To avoid delays, the revision needs **to be clear** on the (2) drawings submitted. Please "cloud" revisions to plans and indicate revision date in appropriate place on plans. The plan reviewers may also need the jobsite plans

**Additional Permits fees may be assessed depending on the scope of the revision.**

Submitted By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

### Office Use Only

Route To The Following Departments:

Additional Fees:

Building \_\_\_\_\_

\_\_\_\_\_ Pages @ \$10.00/page = \_\_\_\_\_

Electrical \_\_\_\_\_

Mechanical \_\_\_\_\_

Fee for additional construction Value \_\_\_\_\_

Plumbing \_\_\_\_\_

Fire \_\_\_\_\_

\_\_\_\_\_

Plan Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_