

FILLED IN BY APPLICANT – All boxes in this section must be completed if applicable

Date -	Plan # -	Permit # -	
Address -			
Your Name		Email	
Phone -		Contractor Name	
Revision Description -			
Has permit been issued Yes or No		Cost increase to job (if any) - \$	
For revised plans, are the changes clouded Yes or No		Are the plans signed and sealed (if applicable) Yes No	
Revised due to plan review com	ments Yes No Revised due to insp	pector comments Yes No Revised due to design changes Yes No	
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## FOR OFFICE USE ONLY

Date Received -	Date Reviewed -	10% Revision fee required Yes No		
Original permit fee - \$	Original cost of work - \$	New cost of work - \$		
Comments				

**Revision - Resubmittal Plan Intake Sheet** 

Department of Planning and Development Review
Bureau of Permits and Inspections
900 East Broad Street, Room 108
Richmond, VA 23219
PDRPermitsandInspections@Richmondgov.com