

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

Date: P	lan # –	Permit # –		
Address:				
Your Name:		Email Address:		
Phone Number:		Contractor Name:		
Revision Description:				
Has the permit been issued Yes N	o	Cost increase to job (if any) - \$		
For revised plans, are the changes cloude	ed Yes No	Are the plans signed/sealed (if applicable) Yes	No	
Revised due to plan review comments	Yes No Revised due to ins	pector comments Yes No Revised due to design Char	nges: Yes N	lо

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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, Virginia 23219 Phone (804) 646-4169