ORANGE COUNTY
DIVISION OF BUILDING SAFETY
REVISION REQUEST SHEET

Permit Number: B_____

Contact Name: _____ Phone #: (_____)_____

Do revisions affect: ☐ Site ☐ Architectural ☐ Structural ☐ Mechanical ☐ Electrical ☐ Plumbing

Itemize below for each drawing specific proposed changes. Attach additional sheets, if necessary.

Division of Building Safety Use Only:

1. # _____ plans routed to: ☐ Zon'g ☐ Eng'g ☐ Fire ☐ PUD ☐ EPD ☐ Plan'g ☐ Health ☐ CPR By: _____
   Date: _____ Plans: oRolled oIn Folder Original Examiner: _____ Routing Per: _____
   Comments: _____
2. # _____ plans routed to: ☐ Zon'g ☐ Eng'g ☐ Fire ☐ PUD ☐ EPD ☐ Plan'g ☐ Health ☐ CPR By: _____
   Date: _____ Plans: oRolled oIn Folder Original Examiner: _____ Routing Per: _____
   Comments: _____
3. # _____ plans routed to: ☐ Zon'g ☐ Eng'g ☐ Fire ☐ PUD ☐ EPD ☐ Plan'g ☐ Health ☐ CPR By: _____
   Date: _____ Plans: oRolled oIn Folder Original Examiner: _____ Routing Per: _____
   Comments: _____
4. # _____ plans routed to: ☐ Zon'g ☐ Eng'g ☐ Fire ☐ PUD ☐ EPD ☐ Plan'g ☐ Health ☐ CPR By: _____
   Date: _____ Plans: oRolled oIn Folder Original Examiner: _____ Routing Per: _____
   Comments: _____

☐ Energy Calculations (4: CPR) ☐ Truss Engineering (3: CPR) ☐ Cooler/Freezer Specifications (3; CPR)

☐ Structural Calculations (3; CPR) ☐ Over.Head Door Engineering (3; CPR) ☐ Other: _____

Examiner: _____

_____ ☐ Accepted ☐ Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ Finaled by: _____

Customer contacted:

Date: _____ Time: _____ By: _____

_____

_____

Customer Pick Up:

Date: _____ Hold Released By: _____

Print Name: _____

Signature: _____