Orange County
Division of Building Safety
# Residential Revision Request Sheet

Date: _____

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.

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**Examiner:** _____

_____ ☐ Accepted ☐Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ ☐ Accepted ☐ Denied _____

_____ Finaled by: _____

Rev.6/07