



# Request for Revision of Approved Plans

Permit Number BLD/COM: \_\_\_\_\_ - \_\_\_\_\_ Applicant Name \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Project Title: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Please provide a complete, detailed description of the proposed revisions to the approved plans. Please return this form to the Mason County Permit Center.

The following documents **are required** to be submitted with this form.

- One set of revised plans or addendum indicating the changes. Yes\_\_ No\_\_
- One set of the **approved** construction plans. Yes\_\_ No\_\_  
     (The "**Red Stamped**" approved site plan must be included)
- Revisions are to be clouded with delta's clearly and accurately identified on the revised plan/s or addendum. Yes\_\_ No\_\_
- Does the plan contain a structural, architectural or soils engineer analysis? Yes\_\_ No\_\_  
     (If yes, has the Registered Professional/s approved this revision) Yes\_\_ No\_\_  
     (Is a stamped and signed approval included with this request) Yes\_\_ No\_\_  
     (If no engineering or other changes requiring a registered professional have been made, the plan may be approved without written consent of the engineer or architect of record)
- Does the proposed revision modify the footprint or location of the structure/s? Yes\_\_ No\_\_  
     (If YES, is a revised site plan, with all new setback dimensions included with this request?) Yes\_\_ No\_\_

**Additional Information:**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STAFF REVIEW SECTION

Reviewed by: \_\_\_\_\_

Department for Review	Date Received	Assigned Reviewer	Date Approved	Reviewers Approval	
Building					Original Valuation:     \$ _____
Planning					Additional Valuation:    \$ _____
Public Health					Sq. Ft. _____ X _____ \$ _____
Fire Marshal					Sq. Ft. _____ X _____ \$ _____
Public Works					Additional Fees:
					Additional Plan Review:     \$ _____
					Additional Building Permit: \$ _____
					Additional Plumbing:        \$ _____
					Additional Mechanical:      \$ _____
					Other:                         \$ _____
					Total Due:                    \$ _____