# PLAN/PERMIT REVISION FORM

**PLEASE COMPLETE ENTIRE FORM**

REVISION (When a permit has already been issued. Commercial/Residential $**25**.00 per disipline)

Date:_____ Changes are identified by: ☐ Triangles ☐ Clouds ☐ Other _____

Contractor: _____ Phone #:_____

Address of Job: _____ Suite #: _____ Contractor Fax #: _____

Person to Contact: _____ Cell Phone #:_____ Architect/Eng Fax #:_____

Increase in Value of Work $ _____

| Master Permit # | Revision Tracking # | # of Sets | # of revised pages |
|---|---|---|---|
| | | | |

☐ BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ MECHANICAL

☐ ZONING ☐ FIRE ☐ ENGINEERING ☐ LANDSCAPE

Scope of Revision: _____

_____

_____

_____

_____ _____

PRINTED NAME OF APPLICANT SIGNATURE OF APPLICANT

**Received by:** _____

**Fees:**_____

**HARB STAMP (IF APPLICABLE)**

## F O R O F F I C E U S E O N L Y

**BUILDING**
DATE _____
Reviewed _____
Denied _____

**ELECTRICAL**
DATE _____
Reviewed _____
Denied _____

**PLUMBING**
DATE _____
Reviewed _____
Denied _____

**MECHANICAL**
DATE _____
Reviewed _____
Denied _____

**FIRE**
DATE _____
Reviewed _____
Denied _____

**ENGINEERING**
DATE _____
Reviewed_____
Denied _____

**ZONING**
DATE _____
Reviewed_____
Denied_____

**LANDSCAPE**
DATE _____
Reviewed_____
Denied _____

City of **Melbourne Building Department 900 East Strawbridge Avenue Melbourne, Florida 32901**
(**2nd** Floor) Phone: (**321) 608-7915** Fax: **(321) 608-7920**