



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.

Division of Building Safety Use Only:

Examiner: _____

_____ Accepted Denied _____

_____ Accepted Denied _____

_____ Accepted Denied _____

_____ Accepted Denied _____

_____ Finalled by: _____

Customer contacted: _____

Date: _____ By: _____

Customer Pick Up:

Date: _____ Hold released by: _____

Print Name: _____

Signature: _____