



ORANGE COUNTY
DIVISION OF BUILDING SAFETY
COMMERCIAL REVISION REQUEST SHEET

Permit Number: B _____

Contact name: _____ Phone #: (_____) _____

- Do revisions affect:
Site, Mechanical, Architectural, Electrical, Structural, Plumbing

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

Please mark the following (if applicable):

- Page 2 (1 File), O.H. Door Eng. (3 CPR), Win/Door Prod Approval (3 CPR), Site Work Cost Estimate (2: PUD & ENG), Notice of Comm. (1 File), Threshold Insp. Plan (3 CPR), Spec Books (2: 1 CPR & 1 Fire), Fire Flow Calc's (3; 1 Fire & 2 PUD), Energy Calc's (3 CPR), Spec.Cool/Freez (3: CPR), Soils Report (2: 1 CPR & 1 ENG), Hydraulic Calc's (3; 1 Fire & 2 PUD), Structural Calc's (3 CPR), Truss Eng. (3 CPR), Drainage/Stormwater Calc's (2 ENG), Other: _____

Division of Building Safety Use Only:

- 1. # _____ plans routed to: Zon'g, Eng'g, Fire, PUD, EPD, Plan'g, Health, CPR. By: _____ Date: _____ Plans: Rolled, In Folder. Original Reviewer: _____ Routing Per: _____ Comments: _____
2. # _____ plans routed to: Zon'g, Eng'g, Fire, PUD, EPD, Plan'g, Health, CPR. By: _____ Date: _____ Plans: Rolled, In Folder. Original Reviewer: _____ Routing Per: _____ Comments: _____
3. # _____ plans routed to: Zon'g, Eng'g, Fire, PUD, EPD, Plan'g, Health, CPR. By: _____ Date: _____ Plans: Rolled, In Folder. Original Reviewer: _____ Routing Per: _____
4. # _____ plans routed to: Zon'g, Eng'g, Fire, PUD, EPD, Plan'g, Health, CPR. By: _____ Date: _____ Plans: Rolled, In Folder. Original Reviewer: _____ Routing Per: _____

Examiner: _____
Accepted Denied
Accepted Denied
Accepted Denied
Accepted Denied
Finaled by: _____

Customer contacted: _____
Date _____ By _____
Customer Pick Up:
Date: _____ Hold Released By: _____
Print Name: _____
Signature: _____