REVISION /SUPPLEMENTAL PLAN CHECK REQUEST

Planning & Building Agency
Building Safety Division
20 Civic Center Plaza
P.O. Box 1988 (M-19)
Santa Ana, CA 92702
(714) 647-5800
www.santa-ana.org

Project Address: _______________________________ Suite # _______________________________

New Plan Check No. _______________________________________________________________

Original Plan Check No.: _______________________________ Permit Issuance Date: __________

Original Plan Checker: ______________________________________________________________

Amount Paid: $ ______________ Misc. Receipt #: ______________________________

Processed by: _______________________________ Date: _________________

Plan Checker Approval: _______________________________ Date: _________________

Additional Hours: _______________________________ @ $239.34 = $ ______________

Print Name: _______________________________ Signature: _______________________________

Representing: ______________________________________________________________

Telephone: (    ) _______________________________ Fax: (    ) _______________________________

Contact Person: __________________________________ Telephone: (    ) _______________________________

E-mail (Strongly Recommended): ______________________________________________________

PLANS PREPARED BY AN ARCHITECT OR ENGINEER MUST BE SIGNED BY THE PROFESSIONAL WHO PREPARES THEM.

PLEASE WRITE A BRIEF DESCRIPTION OF THE REVISION/SUPPLEMENT AND IF POSSIBLE AREA OF WORK. ALL REVISIONS ARE TO BE CLOUDED AND PROPERLY IDENTIFIED: (i.e. Deltas, Sheet Numbers, etc.).

Electrical, Plumbing and/or Mechanical plans – stamped job set shall accompany revised plans.

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