



Plans Correction Re-submittal Form

This form shall be completed and resubmitted whenever plans are returned with correction requested by the Plans Reviewer.

This form is not to be substituted for the original signed Application.

Failure to complete this form shall result in a substantial delay in completing the review of your submitted plans.

Application Number _____ Plans Reviewer _____

Address _____ SUITE/APT/FLOOR/UNIT# _____

Check Plan Type

<input type="checkbox"/>	Building Commercial	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Mechanical	<input type="checkbox"/>	Fire Alarm
<input type="checkbox"/>	Building Residential	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Elevator	<input type="checkbox"/>	Fire Suppression
<input type="checkbox"/>		<input type="checkbox"/>	Zoning	<input type="checkbox"/>	Signs	<input type="checkbox"/>	

Contractor _____ Reg. # _____

Address _____

Phone # _____ Email _____

Other Contact(s) _____

Address _____

Phone# _____ Email _____