

## City of San Clemente Building Division

Permit Tech's I	nitials:
Date:	

## **REVISION SUBMITTAL FORM**

## REVISIONS MUST BE CLOUDED AND INDICATED BY DELTA

Permit #	Has permit been issued? Yes □ No □				
Property Address:					
Property Owner:					
Project Contact:		Phone:			
Project Name:					
Explain the nature of the changes:					
On the line provided, write in the number of so (Note: You <i>must</i> provide the same number of # Sets			ntify the shee	t numbers.	
1 <sup>st</sup> Submittal/Reviewed By:					
3 <sup>rd</sup> Submittal/Reviewed By:					
4 <sup>th</sup> Submittal/Reviewed By:	Date:	I IIIIC SPCIII	□ Approved	☐ Disapproved	
•	Date:	•		□ Disapproved	
Comments:					

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