<b>□</b> REVISION	<b>□ DEFERRAL</b>
Building Permit #:	Submittal Date:
Job Address:	
Tenant Name:	
Description:	
* A separate itemized revision narrative is re	equired at submittal
Will Changes be made to:	
1. The project valuation YES \$	NO
	3. Floor Plan YES or NO
4. The "Use" of the space YES or	NO 5. Occupancy Classification YES or NO
Applicant Name:	Phone #:
Company Name:	
Address:	
Email:	
Building permit shall be issued prior to subm	
Deferrals shall be listed on the original appro	-
Additional outside agency and/or department     I will submit separate revisions directly to: CSI	t approval(s) may be required depending on the proposed changes  D Fire Dept Sac County Health Dept

## **Online Electronic Submittal Required**

All plans and supporting documents shall be submitted electronically using this URL below. Please reference our Electronic Plan Review Policy (G-19-33) for submittal guidelines. If the submittal is inconsistent with our guidelines your project will be returned as incomplete. <a href="http://share.elkgrovecity.org/filedrop/BuildingFileDrop">http://share.elkgrovecity.org/filedrop/BuildingFileDrop</a>

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 180 days of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

Applicant Signature Date