



**FLAGLER COUNTY  
BUILDING DEPARTMENT  
REVISION REQUEST**

**Permit No.:** \_\_\_\_\_ **Date of submission:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Scope of Revisions:** (check all that apply)

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

**Revisions Requested by:**

Building Inspector \_\_\_\_\_

Owner \_\_\_\_\_

Other \_\_\_\_\_

**Type of Revisions:**

\_\_\_\_\_ Building (change in floor plan, footprint, envelope and/or exterior)

\_\_\_\_\_ Structural

\_\_\_\_\_ Mechanical

\_\_\_\_\_ Electrical

\_\_\_\_\_ Plumbing

\_\_\_\_\_ Other (describe) \_\_\_\_\_  
\_\_\_\_\_

**Submittal Documents:** (attach additional sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact Information:**

Contractor (or Owner/Builder name): \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

**COMPLETE BOTH SIDES OF FORM**

**Design Professional:**

Type (Architect, structural, electrical, mechanical, plumbing, etc.): \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax: \_\_\_\_\_

THIS SECTION FOR OFFICE USE ONLY

Submittal routed to:

Building: \_\_\_\_\_  
Fire \_\_\_\_\_

Engineering \_\_\_\_\_  
Planning \_\_\_\_\_

Other: \_\_\_\_\_

Action:

Approved \_\_\_\_\_  
Rejected \_\_\_\_\_

Approved with comments \_\_\_\_\_  
Comments faxed and/or e-mailed \_\_\_\_\_

Fee: \$ \_\_\_\_\_