



**FLAGLER COUNTY  
BUILDING DEPARTMENT  
REVISION REQUEST**

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

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

**Scope of Revisions:**       Residential       Commercial

**Revisions Requested by:**

Building Inspector       Owner       Other: \_\_\_\_\_

**Type of Revisions:**

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

Structural

Mechanical – size of unit \_\_\_\_\_ ton(s)

Electrical – Amps: \_\_\_\_\_

Gas – number of outlets: \_\_\_\_\_

Plumbing – number of additional fixtures, floor drains and traps: \_\_\_\_\_

Roofing – total cost of revised roof: \_\_\_\_\_ type of roof: \_\_\_\_\_

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

**Total Cost of Improvements for Revision:** \_\_\_\_\_

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

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

**Contact Information:**

DBA Name or Name of Owner/Builder: \_\_\_\_\_

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

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

**Design Professional:**

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

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

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

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

THIS SECTION FOR OFFICE USE ONLY

Submittal routed to:

- Planning:  
Approved \_\_\_\_\_ Approved with comments \_\_\_\_\_  
Rejected \_\_\_\_\_ Comments faxed and/or e-mailed \_\_\_\_\_
- Engineering:  
Approved \_\_\_\_\_ Approved with comments \_\_\_\_\_  
Rejected \_\_\_\_\_ Comments faxed and/or e-mailed \_\_\_\_\_
- Fire:  
Approved \_\_\_\_\_ Approved with comments \_\_\_\_\_  
Rejected \_\_\_\_\_ Comments faxed and/or e-mailed \_\_\_\_\_
- Building:  
Approved \_\_\_\_\_ Approved with comments \_\_\_\_\_  
Rejected \_\_\_\_\_ Comments faxed and/or e-mailed \_\_\_\_\_

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

***Please Note: Pursuant to FBC 108.1, revision fees must be paid at the time the revision has been approved and picked up by the contractor.***