



**CITY OF ST. CLOUD BUILDING DEPARTMENT
BUILDING PLANS EXAMINATION**

RESPONSE TO COMMENTS

DATE: _____ **RECEIVED BY:** _____ **PERMIT #** _____

NOTE: THIS FORM IS FOR RESPONSES TO PLAN REVIEWER'S COMMENTS.

REVISIONS SHOULD BE SUBMITTED ON THE APPROPRIATE FORM.
IF YOU ARE ADDING ITEMS A NEW PERMIT WILL BE REQUIRED

PERMIT TYPE

ARCHITECTURAL STRUCTURAL ELECTRICAL PLUMBING MECHANICAL

PROJECT INFORMATION

PROJECT ADDRESS: _____

PROJECT NAME: _____

OWNER: _____

ORIGINAL PERMIT #: _____

CONTRACTOR INFORMATION

NAME: _____ PHONE #: _____ FAX #: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PLEASE GIVE DETAILED INFORMATION: ATTACHMENTS ARE INCLUDED # ___ Pages

EXAMINER SIGNATURE: _____ DATE: _____