



**CITY OF ST. CLOUD BUILDING DEPARTMENT  
BUILDING PLANS EXAMINATION  
REVISION SUBMITTAL WORKSHEET**

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

**DATE:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **PERMIT #** \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER UPON SUBMITTING A REQUEST FOR REVISIONS TO THE PLANS EXAMINATION DEPARTMENT. YOUR REQUEST CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

NOTE: THIS WORKSHEET IS FOR REVISIONS TO PLANS THAT HAVE BEEN PREVIOUSLY APPROVED.  
IF YOU ARE ADDING ITEMS A NEW PERMIT WILL BE REQUIRED

**REVISION TYPE**

CHECK THE TYPES OF REVISIONS BEING SUBMITTED WITH THIS APPLICATION:

ARCHITECTURAL     STRUCTURAL     ELECTRICAL     PLUMBING     MECHANICAL

**ORIGINAL PROJECT INFORMATION**

PROJECT ADDRESS: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
OWNER: \_\_\_\_\_  
ORIGINAL PERMIT #: \_\_\_\_\_

**CONTRACTOR INFORMATION**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**REVISION DESCRIPTION**

PLEASE GIVE DETAILED INFORMATION:

EXAMINER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_