



**CITY OF ST. CLOUD  
BUILDING DEPARTMENT**

**REVISIONS FOR MASTER FILED PLANS**

**MASTER FILE NUMBER:** \_\_\_\_\_

Date: \_\_\_\_\_

General Information

Address of Property: \_\_\_\_\_

Project Name: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submittal Information

Submit the following documents for any revision to permitted drawings:

Sealed building plans: 2 sets

**ACTION TO BE TAKEN:**

Review/Comments \_\_\_\_\_/Approval \_\_\_\_\_/Information Only \_\_\_\_\_/Other \_\_\_\_\_

**TYPE OF DOCUMENTS SUBMITTED:**

Response to plans review comments: \_\_\_\_\_ Yes \_\_\_\_\_ NO

Architectural \_\_\_\_\_ Structural \_\_\_\_\_ Mechanical \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_

Fire \_\_\_\_\_ Master File \_\_\_\_\_ Site Plans \_\_\_\_\_ Civil Drawings \_\_\_\_\_ Other \_\_\_\_\_

Clarification Drawings \_\_\_\_\_ Master Filing \_\_\_\_\_ Letter \_\_\_\_\_ Other \_\_\_\_\_

<p>For Office Use:</p> <p>Routing: Building _____ Zoning _____ Engineering _____ Fire _____ Other _____</p> <p>Research for drawings requested: _____ Yes _____ No</p> <p>Received/originated by: _____ Date: _____</p>
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