



BUILDING PERMIT REVISION

Department of Community & Economic Development

321 E. 5th Street, Port Angeles, WA 98362
360.417.4817 | www.cityofpa.us | permits@cityofpa.us

CITY USE ONLY

App. #: _____

Received: _____

If you need to update a Building Permit Application, please fill out this form completely. Incomplete applications can result in further delays or rejection.

PROJECT INFORMATION

- Single-Family Residential
 Multi-Family Residential
 Commercial
 Industrial
 Public

Project Address: _____

Tax Parcel No.: _____ Zoning: _____

Submitted By: _____ (Property Owner: Yes No)

Phone: _____ Email: _____

SUBMITTAL EXPLANATION

What is being revised? Attach additional sheets if necessary:

SQUARE FOOTAGE

No Change to square footage calculations

Amount increase/decrease: _____ Estimated Fair Market Value of Changes: \$ _____

REQUIRED APPLICATION MATERIALS CHECKLIST

- Building Permit Revision Application:** Please complete this BP^{REV} form
- Narrative:** A narrative describing the changes and page number in set of plans where change occurs
- Revised Plans:** Revised sections clearly marked by cloud/bubble signifying changes in plans

All revisions to structural components or plans that previously included structural engineering will need to have the revision stamped and signed by the design professional who approved the original plans.

I have read and completed the application and know it to be true and correct. I am authorized to apply for this permit and understand that it is my responsibility to determine what permits are required and to obtain permits prior to work. I understand that plan review fees are not refundable after review has occurred. I understand that I will forfeit review fees if I withdraw the application before the permit is issued. I understand that additional information may be required when determined necessary by the building official and if the permit is not picked up/issued within 180 days of submittal, the application will be considered abandoned and the fees will be forfeited.

Date _____ Print Name _____ Signature (Owner Contractor Representative)

CITY USE ONLY

Date Stamp

Please Route To:			
Planning	Public Works	Building	Fire

Fees: Will be calculated based off of changes made