

**REVISION****DEFERRAL****Building Permit #:** _____ **Submittal Date:** _____**Job Address:** _____**Tenant Name:** _____ **Suite#:** _____**Description:** _____**Will Changes be made to:**

- | | | | | | |
|---------------------------|-----|-------------------------|----|-----------------------------|-----------|
| 1. The project valuation | YES | \$ _____ | NO | | |
| | | (New Project Valuation) | | | |
| 2. Square footage | YES | or | NO | 3. Floor Plan | YES or NO |
| 4. The "Use" of the space | YES | or | NO | 5. Occupancy Classification | YES or NO |

Applicant Name: _____ **Phone #:** _____**Company Name:** _____**Address:** _____**Email:** _____

- An Itemized Revision letter is required prior to plan review
- Building permit shall be issued prior to submitting for plan revisions
- Deferrals shall be listed on the original approved and issued plan set
- Additional outside agency and/or department approval(s) may be required depending on the proposed changes

I will submit revisions to: CSD Fire Dept. _____ Sac County Health Dept. _____

Online Electronic Submittal Required

All plans and supporting documents shall be submitted electronically using this URL below. Please reference our Electronic Plan Review Policy (G-19-33) for submittal guidelines. If the submittal is inconsistent with our guidelines your project will be returned as incomplete. <http://share.elkgrovecity.org/filedrop/BuildingFileDrop>

I understand that I am responsible for all plan check fees that I incur during the course of this additional plan check and that any approved plans not claimed and paid for within 180 days of notification will be disposed of and an invoice procedure for the amount due will be initiated. I further understand that an unclaimed revision may result in delay of final approval for the subject project.

Applicant Signature

Date