

# Application for Letter of Revision



**Letter of Revision - \$120.00 + \$4.80 Technology Fee = \$124.80**

This application may require additional review by the Fire Marshal. Fees in addition to those shown on this application may be required as required by the Fire Prevention Code Fee Schedule. A copy of the schedule is available from the Fire Marshal.

*A completed application and all supplemental documents should be submitted via the [Community Development Apply for page](#). If paper is the only option, then one copy of a completed application and all supplemental documents may be provided.*

**Final Site Plan Name and Number:** \_\_\_\_\_

**Contact** (who should we contact about this project) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Owner of Record** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Applicant** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**SUBMITTAL REQUIREMENTS:**

- The appropriate fee,
- The site plan number that the change applies to,
- A request letter describing the proposed changes from the owner or authorized agent,
- 4 copies of the plan that shows the proposed changes,

Changes must be shown on the sheet or sheets from the **approved final site plan**, or on an 11”X17” copy of that portion of the **approved final site plan**.

**Owner/Applicant Must Read and Sign**

I hereby certify that the information provided on this application and accompanying information is accurate, true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner, Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime phone number of Signatory

|                            |                 |   |
|----------------------------|-----------------|---|
| <b>FOR OFFICE USE ONLY</b> | LOR # _____     |   |
| Fee Amount \$ _____        | Date Paid _____ | By who? _____ Receipt # _____ Ck# _____ By: _____ |