

City of Maitland
Revision Change Application Form

SUBMITTAL DATE: _____

REVISION NO. _____

PROJECT NAME/Address: _____

Fees:

*Make check payable to The City of Maitland for \$100/sheet.

*Submit six (6) sets of plans for review.

Mailing Address: City of Maitland, 1776 Independence Lane, Maitland, Florida 32751 (Contact Comm. Dev. at 539-6258).

Submitted by: _____ Phone: _____

Owner(s) or Representative Approval: _____ Phone: _____

Address: _____

Contractor: _____ Phone: _____


Engineer: _____ Phone: _____

Address: _____

Description of Revisions: _____

(use separate sheet if necessary)

Minimum requirements for changes:

1. Cloud around specific changes.
2. Make clear/concise reference to modified document, i.e.,  labeled.
3. Indicate new date on modified document and/or revision sheet.

I hereby certify that to the best of my knowledge and belief, all information supplied with this application is true and accurate.

SIGNATURE: _____

DATE: _____

Approved by:

1. Building Department: _____
2. Fire Department: _____
3. Parks/Recreation: _____
4. Public Works: _____
5. Community Development: _____

Revised: March 7, 2000