

City of Maitland
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REVISION TO ISSUED PERMIT

I. Identification

Date: _____

Permit Number: _____ Job Site Address: _____

Revision Number: _____ Revision Date: _____

Design Professional (DP): _____

DP Telephone: _____ DP Email: _____

Contractor Business Name: _____

Contractor Telephone: _____ Contractor Email: _____

II. List of Revised Plan Sheets (Revisions to be clouded on drawings)

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |
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III. Narrative (Provide an explanatory narrative of the revisions by Plan Sheet number.)