



CITY OF GREENACRES
DEPARTMENT OF BUILDING

5800 Melaleuca Lane
Greenacres, FL 33463
Tel: (561) 642-2052
Fax: (561) 642-2049

REVISION / PLAN REVIEW COMMENTS

GENERAL INSTRUCTIONS

(PLEASE CHECK ONE)

- REVISION** (Used for changes after a permit has been issued) **FEE = \$20** for the first sheet plus **\$10** for each additional sheet. If the revision results in **added size or construction value**, an additional fee will be charged based upon the construction permit fee schedule and impact fee schedule. (See Resolution No. 2009-22)
- PLAN REVIEW COMMENTS** (Used for information requested by plan reviewers, i.e., Shop drawings, letters) **NO FEE**

JOB ADDRESS

Lot _____ Block _____ Subdivision/Plaza _____ Bay/Suite # _____

REVISION SUBMITTAL

(Required) Permit # _____

1. Describe revisions in detail and attach two sets of plans.
2. Plan revisions must be clouded to clearly show the difference between what was originally permitted and the proposed revisions.
3. Each revision date should be noted in plan revision box on plans.

Description of Requested Changes _____

Original Sq. Ft. _____ Revised Sq. Ft. _____ Additional Cost of Work \$ _____

PLAN REVIEW COMMENTS

(Required) Tracking # _____

Requested by Building Planning & Zoning Fire Marshall Engineering

Documents Being Submitted (Check all that apply)

Correction of Plans Survey Product Approvals Shop Drawings Engineered Drawings HOA Approval

Other (Brief description) _____

APPLICANT INFORMATION (To be completed by owner, contractor or authorized agent)

Applicant Name _____ Address _____

Contact Phone (_____) _____ Ext. _____ Fax (_____) _____

I understand a fee may be imposed in accordance with the City of Greenacres fee schedule and will be required to be paid for at time of issuance.

Applicant Signature _____ Date _____

REVISION FEES

(OFFICE USE ONLY)

Standard Base Fee: \$ 20.00 First Page
_____ Pages @ \$ 10.00 = \$ _____ Additional
Additional Permit Fee: \$ _____
Additional Impact Fee: \$ _____
TOTAL: \$ _____

Building Approval _____ Tech _____
Additional Inspections _____
Comments _____