



TOWN OF WOODSIDE REVISION FORM

REVISION #	PERMIT #							
SITE ADDRESS:					APN#			
OWNER:	ADDRESS:			PHONE#				
APPLICANT:	ADDRESS:			PHONE#				
CONTRACTOR:	ADDRESS:			PHONE#				
DESCRIPTION of changes from approved plans:			CHECK ONE: <input type="checkbox"/> Complete set of plans submitted with this Revision <input type="checkbox"/> Specific Pages only submitted - please list: _____ _____ _____ <input type="checkbox"/> No plans submitted <input type="checkbox"/> Other information submitted - Please specify: _____ _____ _____ _____		<i>FOR OFFICE USE:</i> PLAN CHECK FEES: BUILDING: \$ _____ PLANNING: \$ _____ ENGINEERING: \$ _____ OTHER FEES: Recycling Fee: \$ _____ Road Impact Fee: \$ _____ TOTAL: \$ _____ Rcpt. #: _____ Recvd. By: _____ Date: _____			
ADDED VALUATION, if applicable: \$								
SIGNED:		DATE:						
Reviews Required:		Planning	Geology	Engineer	Fire Dept.	Health Dept.	Plan Check	
Approved by:								
Date:								
Conditions:								
							Issued:	