

## CITY OF GREENACRES Building Department

**REVISION APPLICATION** 

5800 Melaleuca Lane Greenacres, Florida 33463 Tel: (561) 642-2052

Tel: (561) 642-2052 Fax: (561) 642-2059 www.greenacresfl.gov

## **GENERAL INSTRUCTIONS**

## **EXISTING PERMIT#**

Applicant must fill in all spaces. If any space is not applicable, write N/A. This revision checklist/application must be completed. Review process time may vary with the department's workload. Applicants will be notified when the revision is ready. Construction work involving this revision may not begin until the revision has been reviewed and a stamped copy is on site. The contractor and the property owner must sign this application.

on site. The contractor and the property owner must sign this application.		
LOCATION OF IMPROVEMENT		
Property Control # _1 _84 _2		
Job Address		
Lot Block Subdivision/Plaza Bay/Suite #		
DESCRIPTION OF WORK Office Use Only		
Describe revisions in detail and attach plans. Plan revisions must be clouded to clearly show the difference between what was originally permitted and the proposed revisions.		
		FL BLDG CODE
Original Square Footoge Boulead Square Foo	togo Additional Cost of W	ork ¢
Original Square Footage Revised Square Footage Additional Cost of Work \$		
APPLICANT INFORMATION	Contractor	
Property/Business Owner	<u>Contractor</u>	
Name (Individual)	Company Name	
	Address	
Name (Company)	City	
Address	State Zip	·
City	Qualifier	
State Zip	State Cert. Or Competency #	
Phone ()	Phone ()	
Signature		
Email	Signature	
	Email	
REVISION FEES (OFFICE USE ONLY)		
Standard Base Fee: \$ 20.00 First Page Pages @ \$ 10.00 = \$ Additional		ech
Additional Permit Fee: \$	Additional Inspections	
Additional Impact Fee: \$  TOTAL: \$	Comments	
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