



CITY OF FLAGLER BEACH BUILDING DEPARTMENT

REVISION REQUEST

Permit Number: _____ Date: _____

Address: _____

Total Cost of Improvements for Revision: \$ _____

Type of Revisions:

_____ Building (change in floor plan, footprint, envelope and/or exterior)

_____ Structural

_____ Mechanical – size of unit _____ ton(s)

_____ Electrical – amps: _____

_____ Gas – number of outlets: _____

_____ Plumbing – number of additional fixtures, floor drains and traps: _____

_____ Roofing – total cost of revised roof: _____ type of roof: _____

_____ Other (describe) _____

Contractor: _____ Phone Number: _____

THIS SECTION FOR OFFICE USE ONLY

Submittal Routed To:

_____ **Planning:** Approved _____ Rejected _____ Planning and Zoning Fee: \$ _____

_____ **Engineering:** Approved _____ Rejected _____ Engineering Fee: \$ _____

_____ **Fire:** Approved _____ Rejected _____ Fire Fee: \$ _____

_____ **Building:** Approved _____ Rejected _____ Building Fee: \$ _____

Additional Fee (for mechanical, electrical, gas, plumbing, roof, etc): \$ _____

Change in Valuation Fee: _____ /1,000 x 3.00 = \$ _____ (Total Cost of Improvements for Revision)

Subtotal: \$ _____

Scanning Fee: \$ _____

Total Fee: \$ _____