

**DATE STAMPED IN:**

**APPLICATION FOR RE-REVIEW OF  
PERMIT # \_\_\_\_\_**

**CONTACT PERSON** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**DESCRIPTION OF REVISION:**

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**APPROVED** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**IF DENIED, PLANS REQUIRE THE FOLLOWING:**

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**REVIEW COST @ \$75.00 PER/HR.**      \$ \_\_\_\_\_

**ADDITIONAL FEES BASED ON** \_\_\_\_\_ **SQUARE FEET**    \$ \_\_\_\_\_

**TOTAL FEES DUE**            \$ \_\_\_\_\_

**APPROVED ON** \_\_\_\_\_

**REVIEWED BY** \_\_\_\_\_

**CALLED ON** \_\_\_\_\_