



GROWTH MANAGEMENT DEPARTMENT  
201 S.E. 3rd Street (Second Floor), OCALA, FL 34471  
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## REVISION REQUEST

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Disciplines affected by this revision (Please check all that apply):

- |                                   |                                   |                                   |                                     |
|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Building | <input type="checkbox"/> Electric | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Mechanical |
| <input type="checkbox"/> Gas      | <input type="checkbox"/> Site     | <input type="checkbox"/> Alarm    | <input type="checkbox"/> Floodplain |
| <input type="checkbox"/> Zoning   | <input type="checkbox"/> Planning | <input type="checkbox"/> Fire     |                                     |

Narrative attached

**If you submitted electronically**, this form will need to be filled out and uploaded to the document folder in Projectdox at the time you upload your drawings.

**Are these plans replacements or additions to previously submitted plans? Replacements**  **Additions**

Scope of proposed change: (attach additional sheets, if necessary).

Customer Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ *Chittos*

### FOR OFFICIAL USE:

Permit Tech: \_\_\_\_\_

Comments: \_\_\_\_\_