HERNANDO COUNTY
COMMERCIAL REVISION FORM

Date _____ Permit Number _____

Project Name: _____ Address:_____

Name of Applicant: _____

Phone number of person to contact: _____

Fax number # _____

Revision requested (please be explicit)

( ) Stamp Plans ( ) Correction

( ) Revise Site Plan

( ) Revise Building Plans

ADDITIONAL FEES MAY BE DUE FOR THESE SERVICES AND MUST BE PAID PRIOR TO NEXT INSPECTION

( ) Other, Explain. Instructions must be clear and complete. List all items sending.

_____

_____

_____

_____

_____

*****FOR OFFICE USE ONLY*****

Date completed by zoning ..... Initials_____ Date _____

Completed By Plans Examiner..... Initials_____ Date _____

Additional Fees Due:

Zoning Fee $_____

Plumbing Fee $_____

Mechanical Fee $_____

Electrical Fee $_____

Building Fee $_____

Fire Fee $_____

Total Due $_____ Permit Representative Initials _____

Receipt Number: _____ Date Paid: _____

THE SUBMITTAL OF THIS REQUEST IS NOT PERMISSION TO PROCEED WITH ANY WORK NOT PREVIOUSLY PERMITTED. YOU MUST FIRST OBTAIN APPROVAL FROM THIS DEPARTMENT FOR WORK PROPOSED IN THIS REQUEST.