

Building Permits & Inspection Division

General Information: (916) 875-5296 https://building.saccounty.gov/



Revision to Permit / Deferred Submittal Application

(Staff Use Only) Revision/Deferred	l Number:		Intake Per	rson:		
Existing Permit Number:		Parcel #: _				
Project Address:			Su	lite/Apt #:		
City:	Zip Code:			_		
Name of Applicant:						
Mailing Address:		City/State/2	Zip:			
Phone:	E-mail:					
<u>NOTE</u> : Clearly indicate Revisi	ons on all plan sheets with D	Oelta numbering and	Clouding. (Pro	vide revision summary).		
Disciplines for this Revision or D	Deferral: 🗌 Building 🗌 Mec	hanical 🗌 Plumbing	Electrical	(check all that apply)		
Description of Revision or Deferral: (detail SF increases)						
Revised value from original	Permit: \$					
ermit valuations shall include total value						
nechanical, plumbing equipment and pern	, 0	mit valuation shall be set	by the building o	fficial using approved fee		

mechanical, plumbing equipment and permanent systems. Final building permit valuation shall be set by the building official using approved fee schedule. Valuation includes all permanent equipment and is based on <u>FAIR MARKET VALUE</u> for labor and materials. *New construction* will be based on County established per square foot cost.

Print Name:		Signature:	Date:
Contractor	□Owner	□ Agent for Contractor - (requires letter of autho	rization)

Agent for Property Owner – *Required prior to permit issuance* (requires a wet signed letter from the property owner giving you authorization to act as their agent)