SURREY the future lives here.	CITY OF SURREY Planning & Development Department Building Division Industrial/Commercial/Institutional/Multi-Family Building Permit Revision Application				
	Date: / 20				
Original Building Permit App	Counter Person:				
Revision Application No (office use): B					
Project Address:					
	r on an attached sheet, please give a description of the changes				
proposed:					
	Email:				
Applicant Name: Phone: () -	Email:				

Four (4) sets of all required plans must be submitted. A non-refundable plan processing fee, equal to one (1) hour of review time, must be paid at the time of revision application. The balance of the revision fees will be calculated and collected prior to revision permit issuance.

Requirements vary, depending on the type of revision. The main requirements are that you provide copies of all the plans that are changed by the revision, and that you clearly indicate what has been changed. These changes should be indicated both in the title block and on the drawings themselves. Each of the revised plans must be signed and sealed by the respective registered professional.

Submitted items:

Please indicate with a checkmark which items you are submitting for review.

	chitectural Drawings (signed and sealed					
🗆 St	ructural Drawings (signed and sealed)	(no of sets)	(description)			
🗆 Ci	vil Drawings (signed and sealed)	(no of sets)	(description)			
🗅 Me	echanical Drawings (signed and sealed)	(no of sets)	(description)			
	ectrical Drawings (signed and sealed)	(no of sets)	(description)			
🗆 La	Indscaping Drawings (signed and sealed	d)(no of sets)	(description)			
🗆 Re	evised Schedules (please indicate)	Image indicate) (no of sets) (description) Ing Drawings (signed and sealed) (no of sets) (description) Indect indicate) (no of sets) (no of sets)				
🗅 Ot	Other (please indicate)					
🗅 Ot	her (please indicate)					
Interna	al Use Only					
Area Pla Enginea Fire: Mechar Plan Re	ering:: hrs. hrs. hical: hrs.	Site Drainage: Plumbing: Electrical: Other: Total Fee Owing: \$_ POS #:	hrs. hrs. hrs. hrs.			
February 20	015					