



# TOWN OF WOODSIDE REVISION FORM

REVISION #	PERMIT #														
SITE ADDRESS:					APN#										
OWNER:	ADDRESS:			PHONE#											
APPLICANT:	ADDRESS:			PHONE#											
CONTRACTOR:	ADDRESS:			PHONE#											
DESCRIPTION of changes from approved plans:		CHECK ONE:  <input type="checkbox"/> Complete set of plans submitted with this Revision  <input type="checkbox"/> Specific Pages only submitted - please list: _____ _____ _____  <input type="checkbox"/> No plans submitted  <input type="checkbox"/> Other information submitted - Please specify: _____ _____ _____ _____			<i>FOR OFFICE USE:</i>  PLAN CHECK FEES:  BUILDING:     \$ _____  PLANNING:    \$ _____  ENGINEERING: \$ _____  OTHER FEES:  Recycling Fee: \$ _____  Road Impact Fee: \$ _____  TOTAL:       \$ _____  Rcpt. #:       _____  Recvd. By:    _____  Date:         _____										
								ADDED VALUATION, if applicable: \$							
								SIGNED: _____		DATE: _____					
								Reviews Required:		Planning	Geology	Engineer	Fire Dept.	Health Dept.	Plan Check
								Approved by:							
								Date:							
								Conditions:							
															Issued: