

PLAN RESUBMITTAL

PLACE LABEL HERE

This form must be filled out and returned with all the information requested in the comment letter. Please resubmit **four (4)** new complete plan sets and **two (2)** sets of any supporting documents unless otherwise specified. In order to assist us in determining which changes need to be reviewed, **all corrections and changes must be clearly identified on the plans by revision cloud and delta, additional changes must also be identified below, and a comment response letter submitted for each applicable division.** Clearly and concisely identify the major changes that may impact the plan review status of the Building, Planning, and Fire divisions and the Placer County Health Department (if applicable).

Plan Review # _____

Date _____

Resubmittal Number: 1 2 3 4
(Circle one)

Issued Permit Not Issued

FOR OFFICE USE ONLY

ROUTING

Building _____

Planning _____

Fire _____

Checked in by: _____

Routed by: _____

ADDITIONAL PLAN REVIEW TIME

Building _____ hour(s)

Planning _____ hour(s)

Fire _____ hour(s)

TOTAL: \$ _____

PRIMARY CONTACT

Primary Contact Name: _____ Project Name: _____

Firm: _____ APN#: _____

Site Address: _____

Contact Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

CORRECTIONS/CHANGES TO PLANS

Only corrections identified as needed in the comment letter. Added Valuation: \$ _____

Slip sheeting the following pages: _____

These additional changes were made: _____

Signature: _____ Date: _____

I understand that this information provided clearly represents all the revisions to the resubmittal. Any changes to the plans and documents that are not clearly clouded may cause my project to be re-routed and subject to delay.