



Plan Revision Application

Tenant or Project Name: _____ Permit Number: _____

Street Address: _____ Suite: _____ City: _____ Zip: _____

Primary Contact Information: this is the person we will contact with comments and approvals

First Name: _____ Last Name: _____

Email Address: _____ Contact Phone Number: _____

Contractor Information

Full Contractor Business Name: _____

FC Business LIC./ Reg. number: _____ GA State License Number: _____

Phone Number: _____ Fax Number: _____

Street Address: _____ City: _____ Zip Code: _____

Existing Building Information:

What is being revised (check all that apply): Architectural Structural Site layout Life Safety
Accessibility Mechanical Electrical Plumbing

Will this revision increase the footprint of the original plan? Yes No

Sprinkled: Yes No Will any appliance be fueled by gas? Yes No

Fire Alarm: Yes No Will concrete cover any plumbing? Yes No

Standpipe: Yes No Will concrete cover any electric? Yes No

Description of Proposed work _____

By signing below you certify that the above information is true and correct

Print Name _____

Applicant/Owner signature (unless electronic) _____

Date _____