



# CITY OF BELVEDERE

450 San Rafael Avenue, Belvedere, Ca 94920

415-435-3838

## BUILDING DEPARTMENT

### Revised Plan Submittal Form

APPLICANT NAME: _____	DATE: _____
	APPLICANT TELEPHONE NO. _____

PROJECT ADDRESS: _____	BUILDING PERMIT NO: _____
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1. Does this submittal include exterior changes to project? Yes  No

2. If **yes**, have the changes been submitted to Planning Department? Yes  No

3. Date of drawings (as revised) \_\_\_\_\_

4. Number of sets: \_\_\_\_\_ 5. Number of sheets: \_\_\_\_\_

**PLEASE DESCRIBE THE SUBMITTED PLAN CHANGES COMPLETELY BELOW:**  
(Or add attachment with complete description. Use additional pages as necessary)

Sheet No. \_\_\_\_\_

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Sheet No. \_\_\_\_\_

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Sheet No. \_\_\_\_\_

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Sheet No. \_\_\_\_\_

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(Office use only)

**Received by:** \_\_\_\_\_ Design Review Approval Attached: Yes  No