



CITY OF BELVEDERE

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BUILDING DEPARTMENT

Revised Plan Submittal Form

DATE:	
APPLICANT TELEPHONE NO.	
BUILDING PERMIT NO:	
ject? Yes □ No □	
ng Department? Yes □ No □	
5. Number of sheets:	
PLEASE DESCRIBE THE SUBMITTED PLAN CHANGES COMPLETELY BELOW: (Or add attachment with complete description. Use additional pages as necessary)	
oproval Attached: Yes □ No □	