



Planning & Building Agency  
 Building Safety Division  
 20 Civic Center Plaza  
 P.O. Box 1988 (M-19)  
 Santa Ana, CA 92702  
 (714) 647-5800

**REVISION /SUPPLEMENTAL  
 PLAN CHECK REQUEST**

www.santa-ana.org

PCC-13 CBC 2022

Rev 6-17-2024

Project Address: \_\_\_\_\_ Suite # \_\_\_\_\_

New Plan Check No. \_\_\_\_\_

Original Plan Check No.: \_\_\_\_\_ Permit Issuance Date: \_\_\_\_\_

Original Plan Checker: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Misc. Receipt #: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Checker Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Hours: \_\_\_\_\_ @ \$269.90 = \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Representing: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

**E-mail (Strongly Recommended):** \_\_\_\_\_

PLANS PREPARED BY AN ARCHITECT OR ENGINEER MUST BE SIGNED BY THE PROFESSIONAL WHO PREPARES THEM.

PLEASE WRITE A BRIEF DESCRIPTION OF THE REVISION/SUPPLEMENT AND IF POSSIBLE AREA OF WORK.  
 ALL REVISIONS ARE TO BE CLOUDED AND PROPERLY IDENTIFIED: (i.e. Deltas, Sheet Numbers, etc.).

**Electrical, Plumbing and/or Mechanical plans – stamped job set shall accompany revised plans.**

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