



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 6-09-2023

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: _____ @ \$257.88 = \$ _____

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.
