



# SANTA ROSA COUNTY DEVELOPMENT SERVICES

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## Development Services Revision Submittal Form

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

### Please fill out all the blanks

Residential or Commercial

Building Electrical Gas Mechanical Plumbing Site Utility Other\_\_\_\_\_

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE REVISION YOU ARE SUBMITTING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Minimum Requirements for Plan Revision Submittal**

Please check off when each requirement is met, or mark as non-applicable.

- Two copies of revisions for each category that are to be revised.
- All comments from the previous plan review must be answered.
- Identify where the revision for each comment can be found. Clouding of changes is the preferred method.
- All changes or additions made to a design professional's drawings must be signed and sealed by the design professional of record.
- Only the required revisions shall be submitted, any extra drawings or specifications should be discarded; otherwise an additional plan review fee may be assessed.

Note: Please submit revisions once ALL requested items are completed and submitted. Additional plan review fees maybe assessed if extra drawings are submitted. Please sign below acknowledging your understanding of this statement.

\_\_\_\_\_  
Printed name of person submitting

\_\_\_\_\_  
Signature of person submitting