

City of San Juan Capistrano
 Development Services Department
 32400 Paseo Adelanto
 San Juan Capistrano, CA 92675
 Phone: (949) 443-6347
 Email: building@sanjuancapistrano.org
www.sanjuancapistrano.org/building

REVISION / DEFERRED SUBMITTAL

FOR OFFICE USE ONLY	
REVISION #:	_____
PLAN REVIEWER:	_____
SUBMITTAL DATE:	_____
TARGET DATE:	_____

COMPANY NAME:	_____
APPLICANT NAME:	_____
CONTACT PHONE #:	() _____
EMAIL ADDRESS	_____

PERMIT NUMBER:	_____
JOB ADDRESS:	_____

FOR OFFICE USE ONLY DEPARTMENT APPROVALS REQUIRED:		
BUILDING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PLANNING:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
PUBLIC WORKS:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
SMWD:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCFA:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

- INSTRUCTIONS:**
1. Submit 3 sets of only the revised sheets stapled into sets (do not submit complete set of plans)
 2. "CLOUD" the proposed changes on the drawings.
 3. Note the page number(s) on which the revision(s) occur.
 4. Provide description of proposed changes.

ADDING NEW M/E/P? :	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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DESCRIPTION OF PROPOSED CHANGES:	
PAGE #	_____
<input type="checkbox"/> 1 .	_____
<input type="checkbox"/> 2 .	_____
<input type="checkbox"/> 3 .	_____
<input type="checkbox"/> 4 .	_____
<input type="checkbox"/> 5 .	_____

 APPLICANT SIGNATURE

 DATE

BUILDING REVISION FEE:

\$86.93/HOUR - 1 HOUR MINIMUM – Per table 3.A.1

TOTAL PLAN CHECKER REVIEW TIME:

<input type="text"/>	HOURS
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APPROVED BY: _____	DATE: _____