



# Orange County Division of Building Safety Residential Revision Request Sheet

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

Permit Number: **B** \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do revisions affect:     Site                       Architectural     Structural  
                                  Mechanical         Electrical         Plumbing

---

**Itemize below for each drawing specific proposed changes.** Attach additional sheets, if necessary.

---

**Division of Building Safety Use Only:**

Examiner: \_\_\_\_\_

\_\_\_\_\_  Accepted     Denied \_\_\_\_\_

\_\_\_\_\_  Accepted     Denied \_\_\_\_\_

\_\_\_\_\_  Accepted     Denied \_\_\_\_\_

\_\_\_\_\_  Accepted     Denied \_\_\_\_\_

\_\_\_\_\_ Finalled by: \_\_\_\_\_

Customer contacted: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Customer Pick Up:

Date: \_\_\_\_\_ Hold released by: \_\_\_\_\_

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

Signature: \_\_\_\_\_