



DATE: \_\_\_\_\_

**RE-SUBMITTAL / REVISION**

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

APPLICATION / PERMIT NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

DESCRIPTION OF SUBMITTAL:

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This will make \_\_\_\_\_ submittals to date.

PLAN REVIEW RE-SUBMITTAL FEES \_\_\_\_\_

1% STATE FEE (1,2 & 3 Family) \_\_\_\_\_

3% STATE FEE (Commercial projects) \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**THIS FEE MUST BE PAID AT TIME OF RE-SUBMITTAL**