



DATE: _____

RESUBMITTAL / REVISION

PROJECT NAME: _____

PROJECT ADDRESS: _____

APPLICATION NUMBER: _____

CONTACT PERSON: _____

CONTACT NUMBER: _____

DESCRIPTION OF SUBMITTAL:

This will make _____ submittals to date.

PLAN REVIEW RESUBMITTAL FEES _____
(3rd SUBMITTAL AND UP)

1% STATE FEE (1, 2 & 3 Family) _____

3% STATE FEE (Commercial projects) _____

TOTAL \$ _____

THIS FEE MUST BE PAID AT TIME OF RESUBMITTAL