



Revision Request/Correction to Comments

City of Atlantic Beach Building Department

800 Seminole Rd, Atlantic Beach, FL 32233

Phone: (904) 247-5826 Email: Building-Dept@coab.us

****ALL INFORMATION HIGHLIGHTED IN GRAY IS REQUIRED.**

PERMIT #: _____

Revision to Issued Permit **OR** Corrections to Comments Date: _____

Project Address: _____

Contractor/Contact Name: _____

Contact Phone: _____ Email: _____

Description of Proposed Revision / Corrections:

I _____ affirm the revision/correction to comments is inclusive of the proposed changes.
(printed name)

- Will proposed revision/corrections add additional square footage to original submittal?
 No Yes (additional s.f. to be added: _____)
- Will proposed revision/corrections add additional increase in building value to original submittal?
 No *Yes (additional increase in building value: \$_____) (Contractor must sign if increase in valuation)

*Signature of Contractor/Agent: _____

(Office Use Only)

Approved **Denied** **Not Applicable to Department** Permit Fee Due \$ _____

Revision/Plan Review Comments _____

Department Review Required:

- Building
- Planning & Zoning
- Tree Administrator
- Public Works
- Public Utilities
- Public Safety
- Fire Services

Reviewed By _____

Date _____