



Building Division Letter of Transmittal

Complete this form and submit it OVER THE COUNTER with any new or adjusted pages. You must also fill out section (G), below summarizing your changes. We DO NOT accept transmittals by fax or mail.

*Type or print. Please use **blue** or **black** ink.*
Only contractors or agents can submit or pick up transmittals.

****Is this an (ACTIVE) permit**?** ___ **** Is this a (PENDING) Permit**?** ___

PERMIT NUMBER _____ Email Address _____

Date Submitted: _____ Site Address: _____

Submitted by: _____ Phone: _____ Fax: _____

(All lines of form must be complete prior to presenting this transmittal to the front counter)

Did a City Reviewer or Inspector request these changes? Yes [] No [] Name: _____

Please list corresponding Engineering/ Tree Permit: _____

Who should receive this transmittal? [] Plans Review [] Zoning [] Planning [] Engineering [] Utilities/Eng.

a) **Check which this transmittal includes:** [] Blueprints and/or drawings only [] Documents only [] Both

IMPORTANT NOTE: All blueprints/drawings must be the same size as those in the original submission.

(Transmittals not meeting these requirements will be rejected.) _____

b) **5 Sets Residential (New Homes and Additions) Number of pages per set** _____

c) **5 Sets for all other Residential permits. Number of pages per set** _____

d) **5 Sets Commercial Permits. (Civil Revisions 5 sets) Number of pages per set** _____

e) Do the alterations change the const. value? [] Yes or [] No. Additional construction value: _____

f) Briefly describe all items you are submitting and the changes they represent on the lines below.

g) **!!!! PLEASE PROVIDE A FULL SUMMARY SHEET OF ALL PAGES THAT HAVE BEEN CHANGED!!!!**

****MAKE SURE EACH CHANGE HAS BEEN CLOUDED. A SUMMARY SHEET FOR EACH SET OF PLANS IS REQUIRED. ****

FEE SCHEDULE

Zoning _____
Building + \$1.00 per page _____
Electrical _____
Plumbing _____
AC / Mechanical _____
Roofing _____
Signs _____
Trees _____
Fire (AL, Sup, Spr & F) _____
Cert of Occupancy _____
Scan Fee _____
Cert & Training Fee _____
Radon Fee _____
Total Fees _____

Approved: _____ Rejected: _____ Date: _____

Name of Reviewer: _____

REVIEWER COMMENTS OR CONDITIONS: _____

