



Building Division Letter of Transmittal

You must fill out section (G), below summarizing your changes and the page numbers that were updated. This form will need to be submitted with your plan changes, whether you submitted originally online or over the counter. 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:** _____

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** or the **same electronic file format** 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: _____