



City of Belle Glade

110 Dr. Martin Luther King Jr. Blvd. West

Belle Glade, FL 33430-3900

P: 561-518-0111 F: 561-993-1811

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

## REVISION APPLICATION

### Property Information:

City: 04 Range: \_\_\_\_\_ Township: \_\_\_\_\_ Section: \_\_\_\_\_ Subdv: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Site Address: \_\_\_\_\_  
Number Street City Zip

Contractor/Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proposed Revision(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand I must provide a letter or plans clearly describing the previous and new condition. These plans must be signed and sealed by the design professional.

Signed: \_\_\_\_\_

Building Revision Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\$) \_\_\_\_\_

Zoning Revision Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\$) \_\_\_\_\_

Plumbing Revision Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\$) \_\_\_\_\_

Mechanical Revision Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\$) \_\_\_\_\_

Electrical Revision Review: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (\$) \_\_\_\_\_