



**MOHAVE COUNTY DEVELOPMENT SERVICES
BUILDING DIVISION**

REVISION SUBMITTAL WORKSHEET

**FOR OFFICE USE
PERMIT #**

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE CONTRACTOR, DEVELOPER, ARCHITECT, ENGINEER OR OWNER UPON SUBMITTING A REQUEST FOR REVISIONS TO THE PLANS EXAMINATION DIVISION. YOUR REVISION CANNOT BE PROCESSED WITHOUT THIS INFORMATION.

**NOTE: THIS WORKSHEET IS FOR REVISIONS TO PLANS THAT HAVE PREVIOUSLY BEEN APPROVED.
IF YOU ARE ADDING ADDITIONAL ITEMS, A NEW PERMIT WILL BE REQUIRED.**

ORIGINAL PROJECT INFORMATION

SITE ADDRESS: _____ PERMIT # _____
NUMBER STREET CITY

APPLICANT NAME: _____ PARCEL NUMBER _____ - -

OWNER: _____ TENANT _____

CONTACT INFORMATION

NAME: _____ PHONE: _____ FAX: _____

MAILING ADDRESS: _____ SUITE/SPACE NO.: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

LEGAL DESCRIPTION

REVISION DESCRIPTION

PROVIDE A COMPREHENSIVE DESCRIPTION OR SCOPE OF WORK OF THE REVISION(S) BEING SUBMITTED. YOUR REVISION CANNOT BE PROCESSED IN A COMPLETE AND TIMELY MANNER WITHOUT A COMPLETE REVISION DESCRIPTION. IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS FORM.

SHEET & DETAIL NUMBERS, IF APPLICABLE:

REVISION TYPE (check box or boxes applicable)

CHECK THE TYPES OF REVISIONS BEING SUBMITTED WITH THIS APPLICATION:

☐ ARCHITECTURAL ☐ STRUCTURAL ☐ ELECTRICAL ☐ PLUMBING ☐ MECHANICAL ☐ GRADING ☐ CIVIL ☐ ZONING

FOR BUILDING DIVISION USE ONLY

DATE: _____ RECEIVED BY: _____

RATES PER MOHAVE COUNTY BUILDING ADMINISTRATIVE CODE - \$65.00/HOUR (1 HOUR MINIMUM)

EXAMINER SIGNATURE: _____ TIME: _____ FEE: _____