

Date: _____

City of Ashland Building Safety Division

51 Winburn Way • Ashland, OR 97520 Phone (541) 488-5305 • Fax (541) 488-6066

Email: <u>Building@ashland.or.us</u>

Revision Checklist

Permit #: _____

YES	NO	
	Are you the Architect or Engineer that signed the original plan set? If the answer is NO, a letter from the Architect or Engineer of record aut required. If the original plans were not drawn by an architect or engineer, please of the original plans were not drawn by an architect or engineer, please of the original plans were not drawn by an architect or engineer.	
	Does this revision involve public right of way work? If <u>YES</u> , revisions must be reviewed and approved by Public Works Engi	
	Does this revision change the square footages or project valuations? If <u>YES</u> , a revised building permit application must be submitted.	
	Does this revision involve structural, electrical or mechanical modific If <u>YES</u> , revisions must be reviewed and approved by Building Safety De	
	Does this revision reduce or increase the number of plumbing fixture. If <u>YES</u> , revisions must be approved by Building Safety, Public Works Er Departments. Additional SDC's may apply.	
	Does this revision change the location or height of any structures on If <u>YES</u> , revisions must be reviewed and approved by Building Safety, PI Engineering Departments.	
PROVIDE A	A BRIEF SUMMARY OF REVISION (REQUIRED):	
	(Print Name) (Ap	plicant Signature)

Please note:

 Revisions may incur additional permitting fees. Additional fees incurred could include building permit fees, CET's, SDC's etc.