



# City of Alpharetta

## RESUBMITTAL / REVISION FORM

ALL APPLICABLE BLANKS MUST BE FILLED IN – NO P.O. BOX ADDRESSES – PLEASE PRINT LEGIBLY

DATE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

### PROPERTY INFORMATION

Project Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

Project type:  COMMERCIAL  RESIDENTIAL

Subdivision?  NO  YES – Subdivision Name: \_\_\_\_\_

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Applicant phone: \_\_\_\_\_

Applicant email: \_\_\_\_\_

### Description of Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revisions Reviewed by Plans Examiner: \_\_\_\_\_

Signature of Plan Examiner: \_\_\_\_\_