

City of Alpharetta



REVISION SUBMITTAL

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: _____ **Ste:** _____

PROJECT IS: COMMERCIAL RESIDENTIAL

Subdivision? NO YES – Subdivision Name: _____

CONTACT : _____

Phone _____

Email: _____

Description of Change: _____

Revisions Reviewed by Plans Examiner: _____

Signature of Plan Examiners: _____