



**Town of Palm Beach Shores**

(561) 844-3457 - PHONE

(561) 863-1350 - FAX

Construction Work

Hours

8am – 5 pm

Monday - Saturday

**REVISION APPLICATION**

Commercial:

Residential:

**Project Address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Description of Work**

**TWO SETS OF PLANS/ DOCUMENTS ARE REQUIRED**

Changes submitted per Building Official?

Changes submitted per Contractor request?

Changes submitted per Owners request?

Fee: \_\_\_\_\_

Check/Receipt: # \_\_\_\_\_

Received by: \_\_\_\_\_

1. Does this revision, in any way, alter the exterior of the project? Yes No (circle one)
2. Does this revision, in any way, alter the interior of the project? Yes No (circle one)
3. Does this revision affect any fire related issues? Yes No (circle one)
4. Does this revision in any way affect the valuation of job? Yes No (circle one)

***Building Official Comments:***

Picked up by: \_\_\_\_\_ Date: \_\_\_\_\_