



CITY OF GREENACRES

Building Division

5800 Melaleuca Lane
Greenacres, Florida 33463
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Fax: (561) 642-2059
www.greenacresfl.gov

REVISION APPLICATION

GENERAL INSTRUCTIONS

EXISTING PERMIT# _____

Applicant must fill in all spaces. If any space is not applicable, write N/A. This revision checklist/application must be completed. Review process time may vary with the department's workload. Applicants will be notified when the revision is ready. Construction work involving this revision may not begin until the revision has been reviewed and a stamped copy is on site. The contractor and the property owner must sign this application.

LOCATION OF IMPROVEMENT

Property Control # 1 8 - 4 2 - _____ - _____ - _____ - _____ - _____

Job Address _____

Lot _____ Block _____ Subdivision/Plaza _____ Bay/Suite # _____

DESCRIPTION OF WORK

Describe revisions in detail and attach plans. Plan revisions must be clouded to clearly show the difference between what was originally permitted and the proposed revisions.

Office Use Only

FL BLDG CODE

Original Square Footage _____ Revised Square Footage _____ Additional Cost of Work \$ _____

APPLICANT INFORMATION

Property/Business Owner

Name _____
(Individual)

Name _____
(Company)

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Signature _____

Email _____

Contractor

Company Name _____

Address _____

City _____

State _____ Zip _____

Qualifier _____

State Cert. Or Competency # _____

Phone (_____) _____

Signature _____

Email _____

REVISION FEES

(OFFICE USE ONLY)

Standard Base Fee: \$ 50.00 First Page
_____ Pages @ \$ 10.00 = \$ _____ Additional
Additional Permit Fee: \$ _____
Additional Impact Fee: \$ _____
TOTAL: \$ _____

Building Approval _____ Tech _____

Additional Inspections _____

Comments _____