



CITY OF GREENACRES

Building Department

5800 Melaleuca Lane
 Greenacres, Florida 33463
 Tel: (561) 642-2052
 Fax: (561) 642-2059
 www.greenacresfl.gov

REVISION APPLICATION

GENERAL INSTRUCTIONS

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.

EXISTING PERMIT# _____

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: \$ 20.00 First Page
 _____ Pages @ \$ 10.00 = \$ _____ Additional
 Additional Permit Fee: \$ _____
 Additional Impact Fee: \$ _____
TOTAL: \$ _____

Building Approval _____ Tech _____
 Additional Inspections _____
 Comments _____