



# Revision Request/Correction to Comments

City of Atlantic Beach Building Department

800 Seminole Rd, Atlantic Beach, FL 32233

Phone: (904) 247-5826 Email: [Building-Dept@coab.us](mailto:Building-Dept@coab.us)

**\*\*ALL INFORMATION  
HIGHLIGHTED IN  
GRAY IS REQUIRED.**

PERMIT #: \_\_\_\_\_

**\*\*ALL REVISION SUBMITTALS MUST BE EMAILED AS A PDF ATTACHMENT ONLY\*\***

☐ Revision to Issued Permit **OR** ☐ Corrections to Comments Date: \_\_\_\_\_

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

Contractor/Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Proposed Revision / Corrections:

\_\_\_\_\_ affirm the revision/correction to comments is inclusive of the proposed changes.  
(Printed name)

- Will proposed revision/corrections add additional square footage to original submittal?  
☐ No ☐ Yes (additional s.f. to be added: \_\_\_\_\_)
- Will proposed revision/corrections add additional increase in building value to original submittal?  
☐ No ☐ \*Yes (additional increase in building value: \$\_\_\_\_\_ ) (Contractor must sign if increase in valuation)

\*Signature of Contractor/Agent: \_\_\_\_\_

(Office Use Only)

☐ Approved ☐ Denied ☐ Not Applicable to Department Permit Fee Due \$\_\_\_\_\_

Revision/Plan Review Comments \_\_\_\_\_

## Department Review Required:

Building  
Planning & Zoning  
Tree Administrator  
Public Works  
Public Utilities  
Public Safety  
Fire Services

Reviewed By \_\_\_\_\_

Date \_\_\_\_\_