



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

**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 _____