



NEW HANOVER COUNTY
BUILDING SAFETY DEPARTMENT
230 Government Center Dr. Suite 170
Phone (910) 798-7308

REVISIONS

PERMIT #: _____

DATE SUBMITTED: _____

Project's Street Address: _____ City: _____

Contractor: _____ License #: _____

Email: _____ Phone Number: _____

The Revisions are for: *(Check all that apply)*

- Correction to Denied Plans Revision to Previously Approved Plans
- Plans Related Documents (Energy Calculations, Supplemental Sheets, etc.)
- Other(explain below)

Is there a Change in the Occupancy Type from what is shown on the original application?

- YES (if yes explain below) NO

Is there a Change or Increase in Square Footage from what is shown on the original application?

- YES (if yes explain below) NO

Is there a Change or Increase in Cost from what is shown on the original application?

- YES (if yes explain below) NO

Please give us a brief but detailed description of your revisions and/or documents including changes in square footage, if changes affect project cost, and the updated project cost.

If revisions are considered "substantial" it may require a new application.

Print Name

Signature

***** FOR OFFICE USE ONLY *****

ATTENTION PLANS EXAMINER: Please notify DSC if these revisions change the permit footprint/square footage information and/or cost of the project.