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CORRECTIONS/REVISIONS

SOME REVISIONS MAY REQUIRE ADDITIONAL ENGINEERING

**ALL REVISIONS MUST BE CLEARLY IDENTIFIED BY THE DESIGN PROFESSIONAL
PLEASE SUBMIT TWO SEALED COPIES OF THE NEW REVISION**

DATE SUBMITTED: _____ RECEIVED BY: _____

TRACKING # : _____ PERMIT #: _____

ADDRESS: _____

CONTRACTOR: _____ PHONE #: _____

REASON FOR REVISION: _____

FOR OFFICE USE ONLY

REVIEWED BY: _____ DATE: _____

RESULTS: OK REJECTED

REASON FOR REJECTION: _____
