



PLANNING, COMMUNITY, & ECONOMIC DEVELOPMENT DEPARTMENT

**PLAN REVISION /ADDITIONAL INFORMATION COVER SHEET**

*Mailing Address: P.O. Box 547, Anacortes, WA 98221*

*Office Location: 904 6<sup>th</sup> Street, Anacortes WA 98821*

*Phone: (360) 299-1984, Fax: (360) 293-1938*

**Please use this form to submit revisions or additional information to your permit application.**

Permit /Project #: \_\_\_\_\_ Date: \_\_\_\_\_

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

Project Contact: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Has the permit been issued yet?  Yes  No

**All revisions must be either clouded or highlighted & wet stamped by an architect/ engineer (if applicable).**

Has this been done?  Yes  No

**Is the plan revision or additional information, in response to a plan review letter?**

Yes. A copy of the plan review letter with itemized responses to each item is required.

No, the revision or additional information is initiated by the applicant, designer, or builder.

**If not in response to a Plan Review Letter,** please explain the nature of the revisions and/or additional information:

**Are you submitting a full replacement**  Yes  No

**If not, what page # or title is being replaced:** \_\_\_\_\_

**Two full sized copies of all revised /additional information is required.** Has this been done?  Yes  No

**Check the box next to the type of plan, report, or calculation where revisions or additional information can be found.**

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Building Plans	<input type="checkbox"/> Structural Plan
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/> Parking Plan	<input type="checkbox"/> Tree Preservation Plan
<input type="checkbox"/> Arborist Report	<input type="checkbox"/> SEPA checklist	<input type="checkbox"/> Wetland Report
<input type="checkbox"/> Geotechnical Report	<input type="checkbox"/> Storm Drainage Analysis	<input type="checkbox"/> TESC Plan
<input type="checkbox"/> Civil Plan	<input type="checkbox"/> Lot Coverage Calculations	<input type="checkbox"/> Impervious Surface Calculations
<input type="checkbox"/> FAR Calculations	<input type="checkbox"/> Grading Plan	<input type="checkbox"/> Survey (Boundary /Topographic)
<input type="checkbox"/> Mechanical Plan	<input type="checkbox"/> Plumbing Plan	<input type="checkbox"/> Other: _____

**FOR OFFICE USE ONLY:**

<b>ROUTED:</b>		<b>ROUTED TO:</b>	<b>DATE ROUTED:</b>	<b>APPROVED BY:</b>	<b>DATE APPROVED:</b>
<input type="checkbox"/>	Building Department				
<input type="checkbox"/>	Planning Department				
<input type="checkbox"/>	Stormwater				
<input type="checkbox"/>	Public Works Department				
<input type="checkbox"/>	Fire Department				
<input type="checkbox"/>	Third Party Review				