



TOWN OF SURFSIDE
 Building Department
 9293 Harding Avenue
 Surfside, FL 33154
 305-861-4863
 www.townofsurfsidefl.gov

**Permit/Plans Revision and
 Plan Resubmittal Form**

Revised 07/22/2021

Permit Number: _____
 Planning Application #: _____
 (If Applicable)
 Project Address: _____
 Delivered By: _____
 Phone #: _____

(Circle one that is applicable)
REVISION / RESUBMITTAL

Date: _____

CONTACT INFO:
 OWNER ARCHITECT CONTRACTOR
 ENGINEER DESIGNER AUTHORIZED AGENT

Name: _____ Phone #: _____
 Company: _____ EMAIL: _____
 Address: _____

Detailed Description of Revision / Resubmittal/Change in Scope of Work:

- Checklist: All applications for revisions/plan check resubmittals must contain the following:**
- ___ 1. Minimum of Two COMPLETE and COLLATED sets of the revised plans.
 - ___ 2. A summary of changes to the plans specifying the location on the plans. (If Plan Check Re-submittal, it can be listed on the Plan Check Correction Letter)
 - ___ 3. All revisions/changes to each plan must be clouded and numbered on the plans and numbered and dated in the plan(s) title block.
 - ___ 4. Plans shall be signed and sealed by the architect or engineer dated & numbered accordingly. (Minimum two set of plans submitted. Please also provide plans digitally by PDF and/or by Flash-drive.

For Office Use:
 Plan Check Submittal Sequence _____
 # Received By: _____

ROUTE TO:
 Structural (___) Building (___) Planning
 (___) Mechanical (___) Electrical (___) Plumbing
 (___) # of plans submitted

Approved By: _____ Date: _____