



PLAN REVISION INFORMATION

CITY OF SANTEE BUILDING DIVISION
10601 MAGNOLIA AVE., SANTEE, CA. 92071
(619) 258-4100 EXT. 154 or 155

SITE ADDRESS: _____

ORIGINAL PLAN CHECK # _____ DATE: _____

CONTACT PERSON: _____

PHONE # _____ EMAIL: _____

**REVISIONS MUST BE SUBMITTED BY OWNER OR APPROVED SIGNED AGENT.
IF AN ARCHITECT OR ENGINEER PREPARED ORIGINAL PLANS, THAT PERSON MUST
SIGN AND STAMP THE REVISIONS.**

1. DESCRIBE THE REVISIONS: _____

2. LIST THE SHEETS AFFECTED BY THE REVISION: _____

WILL THE REVISIONS BE SLIP-SHEETED INTO THE PLANS? YES _____ NO _____

3. ITEMS REVISED: PLANS ___ CALCS ___ SOILS ___ ENERGY ___ OTHER ___

4. DO THE PROPOSED REVISION(S) ALTER OR AFFECT THE FLOOR AREA(S) OF THE
PROJECT? YES _____ NO _____

5. DO THE PROPOSED REVISION(S) ALTER OR AFFECT THE EXTERIOR OF THE
PROJECT?
YES _____ NO _____

Building Approval _____ **Planning Approval** _____ **Fire Approval** _____

Engineering Approval _____ **Schools** _____ **Padre Dam** _____

Health _____ **Other** _____