



CITY OF GILROY - DEVELOPMENT CENTER
 Community Development Department
 Building, Life, & Environmental Safety Division (BLES)
Building Plan Review & Inspection
 7351 Rosanna Street, Gilroy, CA 95020
 Phone: 408 846-0451 - Fax: 408 846-0429 www.ci.gilroy.ca.us

**PLAN CHECK
 REVISION
 CHECKLIST
 (AF-3)**

Date: _____ **Revision #:** _____ **Original Permit #:** _____

Project Address: _____ **Project Name:** _____

Daytime Phone #: _____ **FAX #:** _____

Applicant Name _____ **Email:** _____

Owner
 Architect
 Engineer
 Contractor
 Others _____

Revision Description: _____

CHECKLIST AND ROUTING:

DESCRIPTION	Applicant: Please Complete (Specify #)	Completed by Staff			
		Building	Fire/ Chemical Control	Engineering	Planning
Itemized List to describe the changes and ALL changes Bubbled					
PLANS (2 sets must be stamped/wet signed)					
STRUCTURAL CALCULATIONS (2 sets must be stamped/wet signed)					
Others (Specify) _____					

By signing this form, I acknowledge leaving with the City of Gilroy the above listed items. I further acknowledge receiving a copy of this completed verification form. AN ITEMIZED LIST DESCRIBING THE CHANGES FROM THE APPROVED PLAN/CALCULATION HAS BEEN SUBMITTED WITH THIS REVISION. ALL CHANGES FROM THE ORIGINAL APPROVED PLANS/CALCULATION HAVE BEEN CLOUDED. I understand that an incomplete submittal may result in delays in my plan check.

Signature: _____

Note: A minimum of 2 hours plan check fee is charged for all revisions or as specified by the Building Official or his/her designee. If expedited review is requested, please fill out orange sheet.

OFFICIAL USE ONLY

Change Plan
 Fees Required: \$ _____ Received by: _____ Date Approved: _____