



BUILDING PLAN REVIEW REVISION ROUTING FORM



A/P (permit) number: _____ Plan number: _____

Revisions inserted by: _____ Phone number: _____

Date of revision: _____ Has the permit been issued? Yes No

Discipline	Did reviewer request this revision?		Disciplines which require a review	Revised sheets (indicate any new sheets)	Provide a brief description of revisions made
	Yes	No			
Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing (commercial only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Electrical (commercial only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire Marshal (commercial only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Department (commercial only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		