

COLLIER COUNTY BUILDING PERMIT REVISION FORM

Growth Management Department | 2800 N. Horseshoe Drive, Naples Florida 34104 TEL: 239-252-2400

☐ Residential 1 or 2 Units (Single Family/Duplex) ☐ Residential 3 or more Units (Multi-family) ☐ Commercial

Permit No. _____

JOB LOCATION	Job Address: _____	CONTRACTOR \ PROFESSIONAL INFORMATION	<input type="checkbox"/> Contractor <input type="checkbox"/> Owner Builder
	Parcel # / Folio: _____		Company Name: _____
	Owner's Name: _____		Qualifier/Professional Name: _____
	Agent Submitting Revision: _____		Contact Name: _____
			Address: _____
	City: _____ State: _____ Zip: _____		
	Phone _____ Fax: _____		
	E-mail Address: _____		

ALL REVISIONS MUST BE "CLOUDED" WITH AN ITEMIZED LIST OF THE SCOPE OF WORK

Note: Changes to any exterior portion of the building may result in an architectural review which may require an SDP amendment/change. Please clearly indicate any change to the façade and/or exterior of building. *Additional Cost value must be greater than zero dollars (\$0).*

Description of Work: _____

Project Name: _____ Additional Cost of Construction \$: _____

Additional SQ. Ft. Living/Interior: _____ Additional SQ. Ft. Non Living/Exterior: _____

Check Trades Affected By Revision (check all applicable trades associated with revision)

<input type="checkbox"/> Private Provider	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Roofing	<input type="checkbox"/> Electrical
<input type="checkbox"/> Septic	<input type="checkbox"/> Low Voltage
<input type="checkbox"/> Shutters	<input type="checkbox"/> Mechanical
<input type="checkbox"/> Permit by Affidavit	<input type="checkbox"/> Structural

Qualifier Acknowledgement of Revision Submittal

COMPANY NAME: _____	STATE LICENSE NO: _____
QUALIFIER'S NAME (PRINT) : _____	
QUALIFIER'S SIGNATURE: _____	
STATE OF: _____	COUNTY OF: _____
SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THIS ____/____/____	
WHO IS PERSONALLY KNOWN: ____ OR AS PRODUCED ID: ____	
TYPE OF ID: _____	
NOTARY PUBLIC SIGNATURE: _____	(SEAL)

PLEASE DO NOT WRITE BELOW. FOR STAFF USE ONLY

INSPECTIONS NEEDED: _____ ADDITIONAL FEES: Building: \$ _____ Fire: \$ _____

11/1/14- PMR Date: _____ Days Review: _____ # Set of Plans: _____