

| This section office use only | | | | | | | | |
|------------------------------|------|--|--------|------------------------------|---|---------------|--|--|
| Application # | | | | Receipt # | : | | | |
| Cash □ | | | сс□ | CC 🗆 | | Phone order □ | | |
| Check # | | | Bala | Balance due | | | | |
| Permit typ | oe - | | Plan # | | | TIFF# | | |
| Reprint permit Yes ☐ No ☐ | | | | Copy to inspector Yes □ No □ | | | | |

Plan Change

| Date | | | | | | | | | | | | | | |
|---|--------|---------|----------------------|---|--------|--|---------|----|-------|----------------|-----------|---|------------|--|
| ◆ All application fees are non-refundable ◆ All credit card transactions include a 2% convenience fee ◆ Permits and approved plans must be posted on site as failure to post may result in re-inspection fee ◆ City will call when permit is ready for pickup ◆ Application must be completed in its entirety prior to submittal | | | | | | | | | | | | | | |
| Job Addr | ress | | | | | | | | | | Suite # | | | |
| Property | owne | er name | | | | | | | | Phone | 9 | | | |
| Tenant/l | busine | ss name | | | | | | | | Phone | 9 | | | |
| Contact person name | | | | | | | | | | | 2 | | | |
| Itemized description of plan changes (include letter of itemized changes from architect/engineer where necessary) | | | | | | | | | | | <u> </u> | | | |
| If there is a difference to the cost of the work, provide the amount of the change: \$ | | | | | | | | | | | | | | |
| Change i | | | Yes □ No □ □ General | | | | | | | HVAC | | | ☐ Plumbing | |
| General Contractor (contact person) | | | | | | | | | | Carrollton ID# | | ŧ | | |
| Company Name | | | | | | | | | | Expiration | | | | |
| Company Address | | | | | | | | | | Phon | | | | |
| Electrical Contractor (contact person) | | | | | | | | | | Carrollton ID# | | | | |
| Company Name | | | | | | | | | | Expir | | | | |
| Company Address | | | | | | | | | | Phone | | | | |
| Mechanical Contractor (contact person) | | | | | | | | | | Carro | llton ID# | | | |
| Company Name | | | | | | | | | | Expiration | | | | |
| Company Address | | | | | | | | | Phone | | | | | |
| Plumbing Contractor (contact person) | | | | | | | | | | Carrollton ID# | | | | |
| Company Name | | | | | | | | | Expir | ation | | | | |
| Company Address | | | | | | | | | | Phon | e | | | |
| By signing below, I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or the performance of construction. The issuance of any permit neither exempts nor modifies any covenants, deed restrictions, city ordinances and/or state or federal laws, whether herein specified or not. | | | | | | | | | | | | | | |
| *AN EMAIL ADDRESS OF THE MAIN CONTACT MUST BE PROVIDED TO RECEIVE INSPECTION RESULTS. | | | | | | | | | | | | | | |
| Name | | | | | | | Signatu | re | | | | | | |
| Phone | | | | 1 | Email* | | | • | | | | | | |
| | | | | | | | | | | | | | | |