



BUILDING PERMIT REVISION FORM

STAFF USE ONLY
PERMIT #: _____ RECEIVED BY: _____

Permit Type	Construction Project Type	Fire
<input type="checkbox"/> Building <input type="checkbox"/> Plumbing <input type="checkbox"/> Mechanical <input type="checkbox"/> Grade & Fill <input type="checkbox"/> Demolition <input type="checkbox"/> Other _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Residential Registered <input type="checkbox"/> Residential Basic <input type="checkbox"/> Other _____	<input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Fire Suppression System <input type="checkbox"/> Fuel Storage Tank <input type="checkbox"/> Fireworks Stand <input type="checkbox"/> Other _____

New Addition Remodel

<input type="checkbox"/> Revision requested by City of Maple Valley <input type="checkbox"/> Revision requested by owner <input type="checkbox"/> Additional information <input type="checkbox"/> Other _____	FOR STAFF USE ONLY
	Permit Number: _____ Application Date: _____

Project Name: _____

Project Address: _____

Contact Person: _____ Contractor Owner Other _____

Email Address: _____ Phone Number: _____

Revision Summary: _____
