COUNTY OF MENDOCINO
DEPARTMENT OF PLANNING AND BUILDING SERVICES
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COUNTY OF MENDOCINO
PLAN REVISIONS/RECHECKS

OWNER(S) NAME: _____ DATE: _____

PROJECT ADDRESS: _____

_____

PLAN CHECK/PERMIT NUMBER: _____

☐ PLANS ☐ CALCS ☐ ENERGY ☐ OTHER

COMMENTS: _____

_____

_____

_____

CONTACT PERSON & PHONE: _____

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

HOURS: _____ TOTAL: $_____

MINIMUM ONE HOUR FEE FOR ALL SUBMITTALS

ADMINISTRATIVE STAFF: _____