



# City of Arroyo Grande

Community Development Department  
300 E Branch Street, Arroyo Grande, CA 93420  
(805) 473-5450 FAX (805) 473-5458

## APPLICATION FOR REVISION

PROJECT ADDRESS: \_\_\_\_\_

APPLICANT INFORMATION: EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CONTRACTOR INFORMATION: EMAIL \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

PURPOSE OF REVISION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VALUATION OF REVISION \_\_\_\_\_ REVISED TOTAL VALUATION \_\_\_\_\_

ORIGINAL PERMIT NUMBER \_\_\_\_\_

I, the undersigned, am applying for a revision to the approved plans as indicated on the accompanying construction documents. I understand that it is my responsibility to have the approved construction documents on site for inspection, and that the work submitted here will not commence prior to approval from the Community Development Department.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_