



CITY OF HALLANDALE BEACH

BUILDING INSPECTIONS DIVISION

400 South Federal Highway

Hallandale Beach, FL 33009

Office 954-457-2220 • Fax 954-457-1312

CHANGE OF PLANS APPLICATION

Master Permit #: _____ Revision #: _____ Submittal Date: _____

Job Address: _____	City: _____	County: _____
Job Name: _____		
Contracting Co.: _____	Phone: _____	Email: _____
Company Address: _____	City: _____	State: _____ Zip: _____
Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____

This revision affects the following disciplines*: Applicant to check all that apply

Building
 Electrical
 Plumbing
 Mechanical
 Roofing
 Fuel Gas
 Fire Dept.
 Planning & Zoning
 Public Works

If these revisions represent a change in the scope of work, what is the increase in job valuation? \$ _____

* Please note that a plans examiner has the authority to modify required reviews based upon examination of the plans submitted for revision.

Provide a brief description of what is being revised

Note: Plans must have revisions clouded-in and properly numbered in the title block

Applicant please read carefully:

Application is hereby made for plan revision as indicated herein. I certify that all information is accurate. I understand that only the review disciplines indicated will review my plans. I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays.

X _____

 Signature of Contractor of Record

STATE OF FLORIDA
 COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

 (Type / Print Property Owner or Agent Name)

 NOTARY'S SIGNATURE as to Owner or Agent's Signature
 Notary Name _____
 (Print, Type or Stamp Notary's Name)
 Personally Known _____ or Produced Identification _____
 Type of Identification Produced _____

For City Use Only:		
Authorized Representative Signatures	Structural:	Date:
	Mechanical:	Date:
	Electrical:	Date:
	Plumbing:	Date:
	Engineering:	Date:
	Zoning:	Date:
	Fire:	Date:
Conditions		

APPROVED BY: _____ Permit Officer Issue Date: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.