CITY OF MEDFORD 200 SOUTH IVY STREET MEDFORD, OREGON 97501



TELEPHONE: (541) 774-2350 E-MAIL: building@cityofmedford.org

REVISION CHECKLIST

Date: _		Permit #:
	Revised draw Revised draw	ts (please check all to confirm) ings must retain the same file names and sizes as the originals ing files must be submitted as individual files submitted in horizontal orientation
YES	NO	Are you the Architect or Engineer that signed the original plan set? If the answer is NO, a letter from the Architect or Engineer of record authorizing plan modification is required. If the original plans were not drawn by an architect or engineer, please circle here: N/A
YES	NO	Does this revision involve public right of way work? If <u>YES</u> , revisions must be reviewed and approved by Public Works Engineering Department.
YES	NO	Does this revision change the square footages or project valuations? If <u>YES</u> , a revised building permit application must be submitted.
YES	NO	Does this revision involve structural, electrical or mechanical modifications? If <u>YES</u> , revisions must be reviewed and approved by Building Safety Department.
YES	NO	Does this revision reduce or increase the number of plumbing fixtures? If <u>YES</u> , revisions must be approved by Building Safety and Public Works Engineering Departments.
YES	NO	Does this revision change the location or height of any structures on the site? If <u>YES</u> , revisions must be reviewed and approved by Building Safety, Planning and Public Works Engineering Departments.
PROVID	E A BRIEF SUM	MARY OF REVISION (REQUIRED):
	(Print Name	(Applicant Signature)

Please note:

- Revisions may be assessed an additional plan review fee. Additional fees incurred could include building permit fees, CET's, SDC's, etc.
- If "General Requirements" are not met, administrative fees may be assessed and/or this submittal may not be accepted.