



Building Division Letter of Transmittal

Complete this form and submit it **OVER THE COUNTER** with any new or adjusted pages. You must also fill out section (G), below summarizing your changes. We **DO NOT** accept transmittals by fax or mail.

Type or print. Please use **blue** or **black** ink.

Only contractors or agents may **pick up** transmittals.

****Is this an (ACTIVE) permit**?** _____ **** Is this a (PENDING) Permit**?** _____

PERMIT NUMBER _____

Date Submitted: _____ Site Address: _____

Submitted by: _____ Phone: _____ Fax: _____

(ALL LINES MUST BE COMPLETED PRIOR WHEN PRESENTING YOUR TRANSMITTAL AT THE COUNTER)

Did a City Reviewer or Inspector request these changes? Yes () No () Name: _____

Who should receive this transmittal? [] Plans Review, [] Zoning, [] Planning, [] Engineering, [] Utilities/Eng.

a) **Check which this transmittal includes:** [] Blueprints and/or drawings only, [] Documents only, [] Both

IMPORTANT NOTE: All blueprints/drawings must be the **same size** as those in the original submission.

Transmittals not meeting these requirements will be rejected.

b) **3 sets** for residential (**new homes and additions.**) Number of pages per set _____

c) **2 sets** for all **other residential permits.** Number of pages per set _____

d) **4 sets for Commercial** Number of Pages per set: _____ (**Civil revisions**) **5 Sets** _____

e) **Do the alterations change the const. value?** [] Yes or [] No. **Additional construction value:** _____

f) **PLEASE PROVIDE A FULL SUMMARY OF ALL PAGES THAT HAVE BEEN CHANGED. Make sure each change has been clouded. A summary for each set of plans is required.**

g) Briefly **describe all items** you are submitting and the changes they represent.

FEE SCHEDULE

Zoning _____
Building + \$1.00 per page _____
Electrical _____
Plumbing _____
AC / Mechanical _____
Roofing _____
Signs _____
Trees _____
Fire (AL, Sup, Spr & F) _____
Cert of Occupancy _____
Scan Fee _____
Cert & Training Fee _____
Radon Fee _____
Total Fees _____

Approved: _____ **Rejected:** _____ **Date:** _____

Name of Reviewer: _____

REVIEWER COMMENTS OR CONDITIONS: _____
