



CITY OF HEMET DEPARTMENT OF LIFE SAFETY

Application for Plan Revision

Plan Check #:
MISC

NOTE: 3 sets of plans and specifications must be submitted. All revisions to the plans shall be clouded and only those pages that have revisions shall be submitted.

Property Address:

Date:

Permit Number:

Description of Revisions:

Property Owner:

Applicant:

Address:

Address:

City: State: Zip:

City: State: Zip:

Telephone: () -

Telephone: () -

CONTRACTOR INFORMATION:

LICENSED DESIGN PROFESSIONAL:

Name:

Name:

Address:

Address:

City: State: Zip:

City: State: Zip:

Telephone: () -

Telephone:() -

CSLB No: Expiration:

License Number: Expiration Date:

Contact Person:

Telephone: () -

Email:

By my signature below, I certify that the information provided is true and accurate. I also certify that I am the property owner or authorized to act on the property owner's behalf.

Property Owner/or Authorized Agent Signature: _____ Date: _____