

ADDENDUM / REVISION / RESUBMITTAL – ROUTING FORM CITY OF CAPITOLA

Community Development Department | Building Division
420 Capitola Ave | Capitola, CA 95010 | Telephone (831) 475-7300



DATE: _____

BUILDING PERMIT #: _____ REVISION, DEFERRAL, or RESUB _____

PROJECT ADDRESS: _____

SUBMITTAL CONTACT: _____ PHONE#: _____

E-MAIL: _____

DESCRIPTION/SCOPE OF WORK: _____

- These are changes to plans/project requested by the owner or increasing or reducing the scope of the work not related to plan check.
- This is a response to plan check corrections.
- Other (describe) _____

of documents submitted:

_____ Sets of Plans _____ Structural Calcs _____ Energy Calcs _____ Trusses _____ Other

COMMENTS: _____

APPLICANT SIGNATURE _____

RECEIVED BY _____

ROUTE TO: BLDG PLNG PW FIRE Sanitation Other _____

Note:

1. A minimum of **2 copies** of revised material are required. Complete set plans are required at each submittal. Sets must have wet signatures.
2. **Partial resubmittals will not be accepted.** Include response letter for building, planning, fire, and engineering are required at each submittal.
3. Correction list sent to you **must be attached with submittal.**