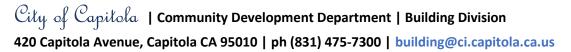
ADDENDUM / REVISION / RESUBMITTAL – ROUTING FORM





DATE:	BUILDING PERMIT #:			
CHECK ONE: ADDENDUM	REVISION	DEFERRAL	RESUBMITTAL	#
PROJECT ADDRESS:				
SUBMITTAL CONTACT:			PHONE I	NUMBER:
EMAIL:				
DESCRIPTION OF SUMBITTA	L:			
CHECK ONE:				
These are changes to plans/p	oroject :			
These are changes that incre	ase or reduce	e the scope of v	work NOT related to	o plan check:
This is a response to plan ch	eck correction	ns:		
Other (describe):				
All documents must be s	ubmitted ele	ctronically via	email to building@	ci.capitola.ca.us
Check the appropriate box(s) next to the o	document nam	e(s) that are submi	tted with this form
Set of plans (required)		Structural Calcs E		Calcs
Trusses Correc	ction List (req	uired if receive	d by applicant)	Other
Response letter from	each departr	ment (check ap	plicable boxes):	
Building Pl	anning Fire	e Public Wo	orks Sanitation	
Comments:				
Applicant Signature				
Note: A complete se	et of plans are	required at ea	ach submittal.	

Partial resubmittals will not be accepted.

4/13/2023