



Revision Form

City of South Daytona

☐ PERMIT ISSUED

PERMIT NOT ISSUED ☐

Submit Copies of All Documents or Plans

Date _____ Jobsite Address _____

Permit # _____ Contact Name _____

Contact Phone _____ Contact Fax _____

Contact Email _____

Increase in Value of Work: Electrical _____ Plumbing _____ Mechanical _____

(Other) _____ Building _____ Total Increase in Value of Work _____

Revision due to request by:

☐ Zoning ☐ Plans Examiner ☐ Fire Plans Examiner ☐ Contractor ☐ Building/Other Inspector

Information Submitted:

*****Office Use Only*****

| | | | |
|-------------------------------------|------------|----------------|----------------|
| <input type="checkbox"/> Zoning | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> Plumbing | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> Mechanical | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> Electrical | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> Fire | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> Building | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> _____ | Date _____ | Approved _____ | Rejected _____ |
| <input type="checkbox"/> _____ | Date _____ | Approved _____ | Rejected _____ |

Comments: _____

Fee Due: Yes ☐ \$ _____

No ☐