



REVISION APPLICATION

DEVELOPMENT CENTER
CITY OF PALO ALTO
285 HAMILTON AVE., 1ST FLOOR
PALO ALTO, CA 94301
(650) 329-2496

Project Address: _____

Revision Number _____

Revision Appl. Date: _____

Permit Number _____

Estimated Response Date: _____

Applicant/Contact Information:

Name: _____

Owner Contractor Architect Engineer Other _____

Address: _____

City/State/Zip _____

Telephone No: _____ Email: _____

Description of Revision:

Checklist: All applications for revisions to an active permit must contain the following:

- _____ 1. A minimum of two sets of revised sheets only. More than 2 sets may be required due to project complexity/scope and the number of departments involved in the review. Full size plan sheets are required; drawings on 8-1/2"x11" paper will not be accepted.
- _____ 2. A sheet by sheet itemized list describing the proposed plan changes and there location on the plans
- _____ 3. All revisions are to be clouded on the plans.
- _____ 4. Plans are wet signed by the architect, engineer or designer and stamped if applicable.

For status, you may contact your Project Coordinator at the email address listed below:

- Kyle Shea kyle.shea@cityofpaloalto.org 650-329-2364
- Diana Tamale diana.tamale@cityofpaloalto.org 650-329-2535
- Ryan Oyama ryan.oyama@cityofpaloalto.org 650-329-2311
- Henry Rafael henry.rafael@cityofpaloalto.org 650-329-2339
- Annie Rosendale annie.rosendale@cityofpaloalto.org 650-329-2234

For Official Use

Taken in by: _____

Routed to: Building _____ Planning _____ Public Works _____ Fire _____ Landscape _____
Water/Gas/Wastewater _____ Electric _____ Water Quality _____ Urban Forestry _____