

Town of Indian Shores  
Building Department

**PLEASE PUT PERMIT NUMBER ON ALL ATTACHED DOCUMENTS**

Plan Change/ Correction

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Property Address: \_\_\_\_\_

PERMIT #: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Increase in job cost: \_\_\_\_\_

**Check One:**

- ☐ Plan Change (Prior to Permit Issuance)
- ☐ Plan Change (After Permit Issued)
- ☐ Corrections Requested by Reviewer
- ☐ Other \_\_\_\_\_

Description of correction or change requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**For Office Use Only**

Additional Fees for Services, Computed & Added by Plans Examiner(s)

\$ \_\_\_\_\_

Date Stamp