

Town of Indian Shores
Building Department

PLEASE PUT PERMIT NUMBER ON ALL ATTACHED DOCUMENTS

Plan Change/ Correction

Date: _____ / _____ / _____

Date Stamp

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: _____

For Office Use Only

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

\$ _____