City of Lake Mary

Revision Form

Date: _____ **Permit Number:** _____

Job Name: _____

Job Address: _____

Contractor: _____

Phone Number: _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Description: _____

_____

_____

_____

_____

Valuation Increase Of $_____

Contact Person: _____ **Phone:** _____

Email: _____

Office Use Only

Building Department Approval _____ **Date** _____

Comments: _____

_____

_____

Fire Department Approval _____ **Date** _____

Comments: _____

_____

_____

Planning & Zoning Approval _____ **Date** _____

Comments: _____

_____

_____