DELAWARE COUNTY BUILDING SAFETY

SUBMITTAL FOR PLAN REVIEW CORRECTIONS OR REVISIONS

		12/16/19		
	CORRECTIONS	(CHECK ONE)		REVISIONS
Permit No.			Sq. Ft.	
Homeowner / Busin	ness Name:			
Site Address:			Date:	
City				
Township:				
		y be highlighted or cloude re acceptable. Use more		
Letter Item #	Brief Description of Plan Correction or Revision		Page Number of	
/ Revision Item #1	(sample) Provided stair detail (sample)		Plan Correction A-3	
π1	(Sample) 1	Tovided Stall detail (Samp	ле)	A-3
	Items not on lette	r but on checklist (correct	ions only)	
Code Reference		Brief Description		Page Number of
Number		of Plan Correction		Plan Correction
Signature of Owner	Print Nan	ne		Phone Number

or Authorized Agent