



*City of Alachua*

BUILDING DEPARTMENT  
15100 MAIN STREET  
PO BOX 9  
ALACHUA, FL 32616  
Phone: (386)418-4070 \* Fax: (386)418-4075

**RESUBMITTAL PERMIT CHANGES REQUEST**  
**(\$35.00 CHARGE PER CHANGE REQUEST)**

DATE: \_\_\_/\_\_\_/\_\_\_

PERMIT NUMBER: \_\_\_\_\_

REF: Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Job Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Briefly identify the revisions to be made: \_\_\_\_\_

\_\_\_\_\_

Work has:                    [    ] not taken place                    [    ] taken place

**Please be advised that this is a request for approval of changes to the original plans submitted to the Building Department. Attached, you will find a copy of the original permit to which these changes are being made.**

**Should you need further information, please contact the above listed contact person at the phone number indicated.**

Sincerely;

\_\_\_\_\_  
Signature of Applicant

Revisions approved by: \_\_\_\_\_

**Building Official**

**Date**