



REVISION SUBMITTAL FORM

FOR OFFICE USE	DATE:	BP-
	BP ISSUED DATE:	<input type="checkbox"/> ACTIVE <input type="checkbox"/> EXPIRED
	<input type="checkbox"/> TO PLAN CHECKER FOR REVIEW <input type="checkbox"/> TO INSPECTORS FOR REVIEW	

SITE	ADDRESS:	PID:
	LEGAL DESCRIPTION:	

REGISTERED OWNER ON TITLE	NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	COUNTRY:	EMAIL:	

AUTHORIZED AGENT	NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	EMAIL:		

NUMBER OF PAGES SUBMITTED: _____

PAGE NUMBERS REVISED: _____

- 2 COPIES OF EACH PAGE INCLUDED
- ALL REVISED ELEMENTS ARE CLEARLY INDICATED ON DRAWINGS

DETAILED DESCRIPTION OF ELEMENTS REVISED:

DECLARED VALUE OF REVISED CONSTRUCTION:
\$ _____

I hereby submit revisions under the provisions of RMOW Building and Plumbing Regulation Bylaw No. 1617, 2002. It is understood that the work covered by these proposed revisions shall not commence until the permit has been issued by the RMOW and received by myself.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT