



Building Division Letter of Transmittal

Complete this form and submit it **OVER THE COUNTER** with any new or adjusted pages. You must also fill out section (H), below summarizing your changes. We **DO NOT** accept transmittals by fax or mail.

Type or print. Please use blue or black ink.

Only contractors or agents may pick up transmittals.

PERMIT NUMBER _____

Date Submitted: _____ Site Address: _____

Submitted by: _____ Phone: _____ Fax: _____

TRANSMITTAL DETAILS (ALL LINES MUST BE COMPLETED PRIOR TO PRESENTING YOUR TRANSMITTAL AT THE COUNTER):

a) **Did a City reviewer request these changes?** [] Yes or [] No.

If yes, who requested these changes? _____

If yes, are changes other than those requested included in this transmittal? [] Yes or [] No.

b) **Who should receive this transmittal?** [] Plans Review, [] Zoning, [] Planning, [] Engineering, [] Utilities/Eng.

c) **Check which this transmittal includes:** [] Blueprints and/or drawings only, [] Documents only, [] Both

IMPORTANT NOTE: All blueprints/drawings must be the **same size** as those in the original submission, all changes must be **clouded**, and changes must be **summarized**. Transmittals not meeting these requirements will be rejected.

d) **# of Pages per set:** ___ **Number of Sets** Residential 3 sets ___ (new homes, additions & alterations including bathrooms).

e) Residential 2 sets ___ (all other permits) Commercial 4 sets, Civil revisions 5 Sets ___

f) **How many new or replacement pages are you adding with the transmittal?** _____

g) **Do the alterations change the construction value?** [] Yes or [] No. Additional construction value: _____

h) Briefly **describe all items** you are submitting and the changes they represent. (Please be sure that full summaries appear on each changed blueprint and drawing, and that changes are clouded):

Please make sure to include a summary of all changes that are clouded on all plans.

FEE SCHEDULE

Zoning	_____	Approved: _____	Rejected: _____	Date: _____
Building + \$1.00 per page	_____	Name of Reviewer: _____		
Electrical	_____	REVIEWER COMMENTS OR CONDITIONS: _____		
Plumbing	_____	_____		
AC / Mechanical	_____	_____		
Roofing	_____	_____		
Signs	_____	_____		
Trees	_____	_____		
Fire (AL, Sup, Spr & F)	_____	_____		
Cert of Occupancy	_____	_____		
Scan Fee	_____	_____		
Cert & Training Fee	_____	_____		
Radon Fee	_____	_____		
Total Fees	_____	_____		