



# City of Pembroke Pines

601 City Center Way 2nd Floor, Pembroke Pines, FL 33025 | Tel#954-435-6502 | Fax#954-435-6749

## Revision Cover Sheet

This sheet shall be completed and submitted in conjunction with any of the following: Trusses, letters, plans (either duplicate or revised), alterations, *or anything that does not contain an application.*

Fax #: (\_\_\_\_\_) \_\_\_\_\_ REVISION #: \_\_\_\_\_

Phone #:(\_\_\_\_\_) \_\_\_\_\_ PERMIT #: \_\_\_\_\_

Your Name: \_\_\_\_\_ APPL #: \_\_\_\_\_

Project Name: \_\_\_\_\_

**What are you submitting?** \_\_\_\_\_

**Please check the appropriate discipline(s) to review your submittal.** Per Section 150.16, City of Pembroke Pines Code of Ordinances, fees are to be collected for revisions.

**All revisions:**  
**\$115.78 Fee**  
**Per discipline**  
**\$30.94 Fee for**  
**Owner/Builder**  
**Perdiscipline**

- |  |  |
|--|--|
| <input type="checkbox"/> STRUCTURAL \$ _____ | <input type="checkbox"/> MECHANICAL \$ _____ |
| <input type="checkbox"/> PLUMBING \$ _____   | <input type="checkbox"/> ELECTRICAL \$ _____ |
| <input type="checkbox"/> FIRE \$ _____       | <input type="checkbox"/> ZONING \$ _____     |

Comments from the Plan Reviewer:

\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

ON HOLD BY: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

CLERK'S INITIALS: \_\_\_\_\_

DATE OF SUBMITTAL: \_\_\_\_\_