



# City of Pembroke Pines

601 City Center Way, 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.*

Email Address: \_\_\_\_\_ 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:**  
**\$123.66 Fee**  
**Per discipline**  
**\$33.05 Fee for**  
**Owner/Builder**  
**Per discipline**

STRUCTURAL \$ \_\_\_\_\_  MECHANICAL \$ \_\_\_\_\_

PLUMBING \$ \_\_\_\_\_  ELECTRICAL \$ \_\_\_\_\_

FIRE \$ \_\_\_\_\_  ZONING \$ \_\_\_\_\_

Comments from the Plan Reviewer:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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



Acceptable forms of payment include debit/credit card, check, or money order. Please make all checks/money orders payable to CGA.