

CITY OF FOSTER CITY

Community Development Department

Building Division

610 Foster City Blvd, Foster City, CA 94404

Phone: 650-286-3227 | Email: building@fostercity.org

REVISION/DEFERRED SUBMITTAL

Date: _____

Job Address: Floor/Unit# Foster City, CA 94404

Permit Number

Contractor Company:	State License#
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Contact Person Name: _____ Phone: _____

Email: _____

Any changes to the exterior? Yes No **Is job scope changed?** Yes No

Is initial job valuation changed? Yes No If yes, provide revised total valuation \$ _____
(Mandatory)

Revised Job Scopes:

(Mandatory)

List of Revised Sheets and Narrative of changes **(Mandatory)** *Use the 2nd page if needed. Clearly indicate the changes on the plans.*

Sheet #

Narrative Changes

[illegible]**OFFICE USE ONLY:**

Revision Addendum Deferred

Received date:

Received by:

Routed to: Building Planning Public Works Fire _____ Police Parks & Rec

Sheet #

Narrative Changes

[illegible]