



City of Salinas
Community Development Department

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www.cityofsalinas.org

REVISION APPLICATION

DATE RECEIVED: _____ DATE REVISION ISSUED: _____ APPLICATION #: _____

JOB ADDRESS: _____ CONTACT: _____

_____ PHONE #: _____

FAX #: _____

EMAIL: _____

DESCRIPTION OF WORK: _____

REVISION TO PERMIT #: _____

ADDITIONAL DESCRIPTION OF REVISION: () PLAN () TRUSS () FIRE SPRINKLER

() FIRE ALARM () FIRE SERVICE UNDERGROUND () HOOD & DUCT SUPPRESSION SYSTEM

() OTHER _____

() THIS REVISION IS THE RESULT OF AN INSPECTION CORRECTION NOTICE

PLANS CHECKED BY: _____

DATE PLAN CHECK COMPLETED: _____

REVISION READY FOR ISSUANCE: _____