



CITY OF REDMOND
 Development Services Center
 15670 NE 85th Street, 2SPL
 Redmond, WA 98052
 (425) 556-2473
 www.redmond.gov

DEV: _____ Date: _____
 PRJ: _____ App Expires: _____
 Permit #: _____ Accepted by: _____
 Type: _____ Payment method: _____

REVISION APPLICATION

REVISION REQUIRED FOR: BUILDING ELECTRICAL PLUMBING MECHANICAL PLANNING

THIS FORM IS FOR ISSUED PERMITS ONLY

PROJECT INFORMATION

Permit Number: BLDG-2016-09802 Date: 4/25/17
 Project Name: DRIGINS CANNABIS
 Project Address: 116390 CLEVELAND ST.
 Contact Person: # 43,500.00 SEAN MILLER Phone: 206 551 1309
 Plans Examiner: JOZANNE MOE Phone: (425) 556-2475
 Increase in Valuation: \$ _____ DECREASED
 Increased Square Footage: 470 SF NEZZ. REMOVED
 Revision Description (see #4 below): PLEASE SUBMIT COMPLETE PLANS FOR ANY AND ALL MODIFICATIONS TO THE APPROVED SET FOR FULL REDMOND PLAN REVIEW. PLEASE INCLUDE STRUCTURAL, OCCUPANCY, EGRESS, EXTERIOR, INTERIOR, ROOF-TOP, W.S.E.C & SITE PLAN DEPICTING ALL INTENDED IMPROVEMENTS. REVISION MUST MATCH ACTUAL SITE CONDITIONS
TOM MORRIS (206) 293-7239

APPLICATION PROCESS

- 1) The Contractor will fill out the revision description. (above)
- 2) The Inspector's signature is required prior to submitting for plan review (attach inspection notice if applicable)
- 3) Make an appointment for this revision with the original Plans Examiner.
- 4) Submit (2) complete sets of plans or you may, with the approval of the "Plans Examiner", submit (2) sets of the applicable sheet(s) or page(s). All revisions to sheets, pages and supporting documentation must be "clouded" and dated. The revision description must include all sheet or page numbers with changes.
- 5) Revisions submitted for plan review requires a PLAN CHECK DEPOSIT FEE (minimum two hour plan review) at time of submittal. (additional fees may apply)

APPLICATION AND PLANS MUST BE COMPLETE IN ORDER TO BE ACCEPTED FOR PLAN REVIEW

The plans examiner will review your submittal for accuracy, completeness and determine if other department reviews are required. Plan review time is dependent upon staffing availability and complexity of the scope of work. No refunds will be issued on revisions.

REVISIONS WILL NOT BE ISSUED AT THE TIME OF APPLICATION

Inspector Signature: _____ Date: 4/25/17
 Examiner Signature: Jozanne Moe Date: 5/3/2017

INSPECTIONS WILL PROCEED INSPECTIONS WILL NOT PROCEED

White Copy: Plans Examiner Yellow Copy: Applicant Pink Copy: Inspector