DEVELOPMENT SERVICES



Building Division · 504 Greynolds Circle · Lantana, FL 33462 (561) 540-5780 · BuildingPermit@Lantana.org

PERMIT REVISION SUBMITTAL

In addition to the information requested below, please include two paper copies and one digital copy of all sheets where revisions are requested.

	Work A			
Povision will offeet (sel	lact all that apply):			
Revision will affect (sel		■ Mechanical	☐ Fences/Wa	lls
• .	☐ Driveways/Pavement		☐ A/C	
☐ Fire ☐	☐ Structural	☐ Electrical	Other:	
Revision details (attach	n additional sheets if ne	eded).		
	raddicional sheets if he			
Applicant Name:		П	Owner/Builder	□ Contractor
Applicant Name.			Owner/Builder	Contractor
Applicant Phone:		Emai	l:	
Lam authorized to submit	this revision required on	hohalf of the prop	orty owner or con	tractor of record
I am authorized to submit I understand a fee will b	·		•	
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