

Inspector Fees:

Building Department 21630 11th Avenue South, Suite D Des Moines, WA 98198 (206)870-7576 fax:(206)870-6544 www.desmoineswa.gov

Plan Revision Submittal Cover Sheet

Project / Permit #:		Date:		
Project Name:				
Project Address: _				
	Applica	ant Information		
Contact Person:				
Company Name:		Phone #:	Phone #:	
Email:		Fax #:	Fax #:	
	Submit	tal Information		
REVISION: A ch	ange the applicant has made to a plan that i iew	s either an approved plan already iss	ued by the City or a project under	
CORRECTION:	An applicant response to a correction letter	written by the City to the applicant.		
		ttal Requirements omittals MUST contain the following:		
1. A completed City	of Des Moines Revision submittal form.			
2. Two (2) sets of rev	rised and/or corrected drawings/sheets (we	t stamped by architect, if applicable).		
3. Revised structura	calculations, if applicable (must be stampe	d by engineer).		
4. A written letter to	the City that shows an itemized summary o	of your submittal (must include sheet	and detail numbers).	
5. All changes MUST	BE CLOUDED or HIGHLIGHTED on each pla	n set.		
Describe the resubmittal: (be specific)				
,		ffice Use Only		
Routing:	Routed to:	Approved By:	Date:	
☐ Building				
Planning			<u> </u>	
☐ Transportation	n		_	
Surface Water				
Fire Departme	nt			
Plan Check Fees:	hours @ \$138.	00 per hour =	_	

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