C I T Y O F E S C O N D I D O
Building Department
201 North Broadway
Escondido, CA 92025-2798
(760) 839-4647

FOR INTERNAL USE ONLY
Has permit been issued
Yes ☐ **No** ☐

P L A N R E V I S I O N S

Address:_____ Plan Check #: _____ Date: _____

Revisions must be submitted by owner or approved agent. If original plans were prepared by an engineer or architect, revisions must also be approved by an engineer or architect, and signed by same. Planning approval will be required if any exterior changes are made.

Plan check fees are based on the hourly cost to the City and are payable prior to final revision approval.

1. Describe revisions:

_____

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2. Sheets affected: _____ _____ _____ _____ _____ _____ _____ _____

3. Calculations submitted: Yes ☐ No ☐

4. Person to Contact: Name: _____

Phone No.:_____

Email: _____