



CITY OF DANA POINT

COMMUNITY DEVELOPMENT DEPARTMENT
33282 Golden Lantern, Suite 209
Dana Point, CA 92629
(949) 248-3564 | www.danapoint.org

PERMIT NUMBER:

REVISION NUMBER:

SUBMITTAL DATE:

PERMIT REVISION APPLICATION

SITE ADDRESS:

REVISION DETAILS

A revision is a modification of the original scope of work. If changes affect more than 50% of plan set pages, please provide new set of plans.

Note: If this a deferred submittal item, please fill out the Building Permit Application instead.

Does the revision add or remove any floor area? ☐ YES* ☐ NO

**If yes, this is considered a new scope of work. Please fill out Building Permit Application instead.*

DESCRIPTION OF REVISION

List ALL revisions **in detail**, including sheet numbers. Add additional sheets if necessary.

SCOPE OF REVISION:

DELTA DESIGNATION

BRIEF DESCRIPTION OF CHANGES

SHEET NUMBER

CONTACT INFORMATION

APPLICANT NAME:

Address:

City, State, Zip:

Email:

Phone Number:

Which apply to the applicant?

☐ Property Owner

☐ Contractor

☐ Engineer

☐ Architect

☐ Other:

VERIFICATION (BY APPLICANT)

I hereby acknowledge that I have read the application and state that the information I have provided is correct and agree to comply with all City Ordinances, State Regulations, and the provisions and conditions of any permit issued pursuant to this application.

I will ensure that items requiring inspection will not be covered without inspection and approval by the CITY BUILDING INSPECTOR. I also understand that the plan check will EXPIRE if the building or work authorized is not commenced within 180 days from date of permit issuance or if work is suspended or abandoned any time after work is commenced for a period of 180 days.

Print Name:

Signature:

Date:

CITY USE ONLY

Proposed changes will affect ALL of the following:

☐ Architectural ☐ Electrical ☐ Plumbing ☐ Soils ☐ Energy
☐ Structural ☐ Mechanical ☐ Calculations ☐ Foundation ☐ Other: _____

Do the revisions affect approvals from any of the following? (Mark all that apply.):

☐ Planning ☐ Public Works ☐ OCFA ☐ Health ☐ Water ☐ Other: _____

ROUTE TO:

☐ Planning ☐ Building ☐ Engineering ☐ Grading
☐ Fire ☐ Health ☐ Other: _____

PLANNING DIVISION

APN: _____ Discretionary Project(s): _____

Zoning: _____

☐ APPROVED, no additional review required by: _____

DATE: _____

☐ PLAN CHECK SUBMITTAL REQUIRED by: _____

DATE: _____

LANDSCAPE PLANS REQUIRED: _____

☐ YES ☐ NO

HOA REVIEW COMPLETED: _____

☐ YES ☐ NO ☐ NOT APPLICABLE

ADDRESS VERIFICATION: _____

☐ YES ☐ NO

Comments: _____

ENGINEERING SERVICES☐ APPROVED, no additional review required by: _____

DATE: _____

☐ PLAN CHECK SUBMITTAL REQUIRED by: _____

DATE: _____

☐ No Engineering Approvals Required by: _____

DATE: _____

Grading Permit Required: _____

☐ YES ☐ NO

Soils Report Required: _____

☐ YES ☐ NO

Encroachment Permit Required: _____

☐ YES ☐ NO

Drainage Plan Required: _____

☐ YES ☐ NO

S-14 Infiltration: _____

☐ YES ☐ NOWhich watershed is the project located in? (*Reference the Watershed Map available at the front counter.*)☐ Dana Point Coastal Streams
(Salt Creek Area)☐ San Juan Creek
(Doheny Beach Area)☐ San Clemente Coastal Streams
(San Clemente Coastal Streams)What is the project priority? (*Based on the Urban Runoff Threat Prioritization Form*)☐ LOW ☐ MEDIUM ☐ HIGH

Comments: _____

BUILDING & SAFETY DIVISION☐ APPROVED, no additional review required by: _____

DATE: _____

☐ PLAN CHECK SUBMITTAL REQUIRED by: _____

DATE: _____

Comments: _____