

HERNANDO COUNTY
COMMERCIAL/RESIDENTIAL REVISION FORM

Date _____ Application/Permit Number _____

Project Name: _____ Address: _____

Name of Applicant: _____

Phone number of person to contact: _____

Fax number # _____ E-mail address _____

Are you revising the original plan or adding square footage: _____

Revision requested (please be explicit)

- () Stamp Plans () Correction
() Revise Site Plan () Revised Energy Calcs
() Revise Building Plans () Other, Explain

**ADDITIONAL FEES MAY BE DUE
FOR THESE SERVICES AND MUST
BE PAID PRIOR TO NEXT INSPECTION**

To avoid delays, we must have detailed explanation of revision completed by applicant:

I understand that the submittal of this request is not permission to proceed with any work not previously permitted.

SIGNATURE OF APPLICANT: _____

*****FOR OFFICE USE ONLY*****

Additional Fees Due:

Zoning Fee \$ _____ Electrical Fee \$ _____ Admin Fire Fee \$ _____
Build Fee \$ _____ Mech/AC Fee \$ _____ HCFD \$ _____ SHFD \$ _____
Plumb Fee \$ _____ Plan Rev Fee \$ _____ DPR Fee \$ _____ Radon Fee \$ _____
Total Due \$ _____ (DPR 1% Radon 1.5% on Building related fees only)

Permit Representative Initials _____ Date _____

Completed by Zoning Initials _____ Date _____

Completed By Plans Examiner..... Initials _____ Date _____

Receipt Number: _____ Date Paid: _____

Additional Notes:
