

Revision Application
Crook County Community Development
300 NE 3<sup>rd</sup> St. Room 12, Prineville, OR 97754 Phone: 541-447-3211 Email: <a href="mailto:bld@crookcountyor.gov">bld@crookcountyor.gov</a>

Received:		
	Initials:	

JOB SITE INFORMATION		
Owner Name:	Phone #:	
Site Address:		
City: State:	Zip:	
Original Permit Number: 217-		
REVISION INFORMATION		
Department will accept. Revisions that require other departs	mped or signed by registered design professional, if applicable, before Building ment approvals may be placed on hold until applicable approvals are received. *	
Complete Details Of Revision:		
Did this revision increase the value of the project	? If so by how much?	
	FEES	
Devision for an architect to also project and a		
balance will need to be paid before access to appr	ing, and increase of valuation. Fees will be invoiced after review. Full	
outlinee will need to be paid before decess to appro-	To vou plans is gamed.	
A DD	N ICANT INFORMATION	
	PLICANT INFORMATION	
Applicant Name:	C' CT 7ID	
Address:	City ST ZIP	
Owner Email:	Applicant Email:	
*The building department must be notified <u>at</u> the time scope of sub-contractors. *	e a contractor changes. New permits are subject to completed inspections and	
	D .	
Applicant Signature:	Date:	