



CITY OF MERCED INSPECTION SERVICES

UPDATE SUBMITTAL FORM

BUILDING PERMIT #: _____

DATE: _____ **APN#:** _____ **# OF PLAN SETS:** _____

JOB ADDRESS: _____

OWNER'S NAME: _____

ADDRESS OF OWNER: _____

PHONE #: () _____ **FAX #:** () _____

TENANT NAME (IF APPLICABLE): _____

ADDRESS: _____

PHONE #: () _____ **FAX #:** () _____

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE #: () _____ **FAX #:** () _____

NAME OF PERSON(S) REQUESTING UPDATED PLANS AND REVISIONS _____

DESCRIBE REVISIONS AND/OR UPDATES YOU ARE SUBMITTING FOR FURTHER REVIEW

SIGNATURE OF PERSON(S) SUBMITTING REVISIONS: _____

PRINT NAME: _____