



Planning & Development Department
100 S. Myrtle Avenue, Suite 210
Clearwater, FL 33756
Telephone: (727) 562-4567
www.myclearwater.com

RESPONSE TO COMMENTS / PLAN AMENDMENT APPLICATION

(PLEASE PRINT CLEARLY)

Building Permit Number: _____ Tech. Initials: _____

Project Address: _____

Project Name: _____

___ Permit has been issued. (Plan Amendment)

___ Permit **has not** been issued. (Response to Comments)

Detailed Description of Changes:

Nature of Work (Check all that apply)

- | | | | |
|-------------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Building | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Electric | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Gas | <input type="checkbox"/> Engineering | <input type="checkbox"/> Traffic Operations |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Planning/Zoning | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Land Resources |
| <input type="checkbox"/> Stormwater | <input type="checkbox"/> Utilities | <input type="checkbox"/> Other: _____ | |

Any Change in Job Valuation: \$ _____

Contractor Name: _____
(License Holder)

Office Use Only/Label Here

Contractor License Number: _____ PCCLB: _____

Email Address: _____

Contact Person for this Project: _____
(If other than contractor) (Please Print)

Contact Phone: _____
Signature