CITY OF CARLSBAD

PLAN CHECK REVISION APPLICATION B-15

Development Services
Building Division
1635 Faraday Avenue
760-602-2719
www.carlsbadca.gov

Plan Check Revision No. _____ Original Plan Check No. _____

Project Address _____ Date _____

Contact _____ Ph _____ Fax _____ Email _____

Contact Address _____ City _____ Zip _____

General Scope of Work _____

Original plans prepared by an architect or engineer, revisions must be signed & stamped by that person.

1 Elements revised:

☐ Plans ☐ Calculations ☐ Soils ☐ Energy ☐ Other _____

2 Describe revisions **in detail**	**3** List page(s) where each revision is shown	**4** List revised sheets that replace existing sheets

5 Does this revision, in any way, alter the exterior of the project? ☐ Yes ☐ No

6 Does this revision add ANY new floor area(s)? ☐ Yes ☐ No

7 Does this revision affect any fire related issues? ☐ Yes ☐ No

8 Is this a complete set? ☐ Yes ☐ No

✍ **Signature** _____