



**PLAN CHECK REVISION OR
DEFERRED SUBMITTAL
APPLICATION
B-15**

Development Services

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

Original Plan Check Number _____ Plan Revision Number _____

Project Address _____

General Scope of Revision/Deferred Submittal: _____

CONTACT INFORMATION:

Name _____ Phone _____ Fax _____

Address _____ City _____ Zip _____

Email Address _____

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

5. Does this revision add ANY new floor area(s)? Yes No

6. Does this revision affect any fire related issues? Yes No

7. Is this a complete set? Yes No

Signature _____ **Date** _____