## **RESUBMITTAL - ALL BUILDING PERMIT RESUBMITTALS**



Building Department 1480 Main Street St. Helena, CA 94574 (707) 968-2657

OFFICE USE ONLY	
BUILDING PERMIT#:	
PARENT PL#:	PARENTBD#:
SUB BD#	_ SUB BD#:
FD#:	_ PW#:

For additional information, forms & documents please visit us on the web at: http://www.cityofsthelena.org/content/building

This form must be filled out and returned with all the information requested in the comment letter(s). All changes must be clearly identified on the plans by revision cloud and delta, and on the response letter.

Please resubmit three (3) new complete, signed and stamped sets of plans. Partial or incomplete resubmittals will not be accepted.

PROJECT NAME:				
PROJECT ADDRESS:				
PERMIT #:	DA	TE:		
Response to (check all that apply):				
PRIMARY CONTACT	All communication from ou	r office will be r	nade to this pers	on via email.
Contact Name:	Firm/License#:			
Address:				
City:				
Email:	P	hone #:		
Please list any additional changes to the	e plans that are not in resp	onse to comme	nts. Use a separ	ate page if necessary
1				
2				
3				
+				

I understand that the information provided clearly represents all the revisions to the resubmittal. Any changes to the plans and documents that are not clearly clouded may cause the plan check to be delayed. Non-response to comments will generate additional comment letters.

Signature:	Date:
•	