DELAWARE COUNTY
CODE COMPLIANCE
BUILDING REGULATIONS

SUBMITTAL FOR PLAN REVIEW CORRECTIONS OR REVISIONS

8/31/09

☐ CORRECTIONS (CHECK ONE) ☐ REVISIONS

Permit or App. No. _____ Sq. Ft. _____

Homeowner / Business Name: _____

Site Address: _____ Date: _____

City _____

Township: _____

Plan Corrections or Revisions may be highlighted or clouded. Do NOT redline plans.
Copies of corrected plans are acceptable. Use more sheets if necessary.

Letter Item # / Revision Item	Brief Description of Plan Correction or Revision	Page Number of Plan Correction
#1	*(sample) Provided stair detail (sample)*	*A-3*

Items not on letter but on checklist (corrections only)

Code Reference Number	Brief Description of Plan Correction	Page Number of Plan Correction

Signature of Owner or Authorized Agent | Print Name | Phone Number