CITY OF EDGEWATER
BUILDING DEPARTMENT
104 North Riverside Drive
Edgewater, Florida 32132
Phone: (386) 424-2400 X 1514 FAX: (386) 424-2423

TRANSMITTAL FORM

SUBMITTAL DATE: _____
RECEIVED BY: _____

(Office Use Only)

☐ **REVISION/PLAN MODIFICATION**

☐ **RE-SUBMITTAL (RESPONSE TO PLAN REVIEW COMMENTS)**

JOB INFORMATION

PROJECT: _____

APPLICATION / PERMIT NO: _____

ADDRESS: _____

SCOPE OF REVISION/ RE-SUBMITTAL:_____
_____
_____
_____

PROJECT TYPE: ☐ **Residential** ☐ **Commercial**

TYPE OF REVISION: (Check all that apply.)

☐ **BUILDING (CHANGE IN FLOOR PLAN, FOOTPRINT, ENVELOPE AND/OR EXTERIOR)**

☐ **STRUCTURAL** ☐ **ELECTRICAL** ☐ **MECHANICAL** ☐ **PLUMBING**

☐ **OTHER (DESCRIBE)** _____
_____

CONTACT INFORMATION

NAME: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

Fee: $_____ **Date Paid:** _____
(Revisions and Plan Modifications Only)

Total Due: $