

Revision ApplicationCrook County Community Development 300 NE 3rd St. Room 12, Prineville, OR 97754 Phone: 541-447-3211 Email: bld@crookcountyor.gov

Received:		

Initials:

OWNER INFORMATION							
Owner Name:		Phone #	# :				
Owner Email:							
JOB SITE INFORMATION							
Site Address:							
City:	State:	Zip:					
Original Permit Number: 217-							
		ION INFORMATION					
*Revisions to plans will need to be cloud Department will accept. Revisions that	*						
Complete Details Of Revision:	require oner acpariment	ирргочил тау ве рисси он пога	ини аррисанс аррго	vans are received.			
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Did this revision increase the va	this revision increase the value of the project? If so by how much?						
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		FEES					
Revision fees are subject to plan			ees will be invoiced	d after review. Full			
balance will need to be paid bef	ore access to approve	d plans is gained.					
	APPLIC	ANT INFORMATION					
Applicant Name:							
Address:		City	ST	ZIP			
Phone #:		Applicant Email:					
*The building department must be scope of sub-contractors. *	notified <u>at</u> the time a co	intractor changes. New permits	s are subject to comp	leted inspections and			
scope of suo-contractors.							
Applicant Signature:			Date:				