



# City of Seaside Building Division

400 Harcourt Avenue, Seaside, California 93955 (831) 899-6737

## *Plan Change/Addendum Request*

Plan Review/Permit#: \_\_\_\_\_ Submittal Date: \_\_\_\_\_

Job Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Submittal Requirements: In the space below please describe the exact changes you are submitting on your plans. Identify which area and sheet number the changes are located. Please attach appropriate energy, truss and or structural calculations and layouts that support your proposal. Additional plan review fees may be assessed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Plan Review Correction:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_