

Planning & Development Department 100 S. Myrtle Avenue, Suite 210 Clearwater, FL 33756 Telephone: (727) 562-4567 www.myclearwater.com

RESPONSE TO COMMENTS / PLAN AMENDMENT APPLICATION

(PLEASE PRINT CLEARLY)

Building Permit Number:			Tech. Initials:		
Project Address:					
Project Name:					
Permit has been issued. (Plan Amendment) Permit <u>has not</u> been issued (Response to Comments)					
Detailed Description of Changes:					
Nature of Work (Check all that apply)					
☐ Building☐ Roofing☐ Fire☐ Stormwater	☐ Mechanical☐ Gas☐ Planning/Zoning☐ Utilities		Electrical Engineering Landscaping Other:		Plumbing Traffic Operations Land Resources
Increase in Job Valuation:	\$				
Decrease in Job Valuation:	\$				
Contractor Name:(License Holder)			Offic	ce use only/l	_abel Here
Contractor License Number:			PCCLB:		
Email address:					
Contact person for this project (If other than contractor)	:		(Please Print)		
Contact Phone:				Signa	ature