



**PERMIT REVISION FORM**  
(Not to be used for re-submittals)

Permit number: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Contractor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Site Address: \_\_\_\_\_

**CHECK ONE**

Revision

Additional Information

Does this revision modify setbacks?  Yes  No IF YES, a new site plan is required.

Description of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please email all revisions and additional information to  
[Buildingpermits@fmbgov.com](mailto:Buildingpermits@fmbgov.com)