CITY OF SAN RAMON
Building & Safety Services Division

RE-SUBMITTAL REQUEST

Date: ____________________________ Permit No. ____________________________

Job Site Address ____________________________

Owner/Tenant Name: ____________________________

Reason for Re-Submittal

☐ Per Building Division Plan Checkers Request
☐ Per Planning Division Request
☐ Per Engineering Division Request
☐ Revisions
☐ Other: ______________________________________

☐ Response letter or summary of revision letter. Re-submittal Requests without a response letter or summary of revision will not be accepted.

Comments: ______________________________________

Contact Person: ____________________________ Telephone: ____________________________

Email Address: ______________________________________

OFFICE USE ONLY

Routed to: BUILDING ☐ PLANNING ☐ ENGINEERING ☐

[Checkboxes for Structural, Architectural, Electrical, Mechanical, Plumbing, Other]

Plan Check Results

Red-marks to be transferred? ☐ If checked, provide which sheets ____________________________

☐ Disapproved, see comments By: ____________ Dept: ____________ Date: ____________

☐ Approved, see comments By: ____________ Dept: ____________ Date: ____________