



CITY OF SAN RAMON
Building & Safety Services Division

RE-SUBMITTAL REQUEST

Date: _____ Permit No. _____

Job Site Address _____

Owner/Tenant Name: _____

Reason for Re-Submittal	<input type="checkbox"/>	Per Building Division Plan Checkers Request
	<input type="checkbox"/>	Per Planning Division Request
	<input type="checkbox"/>	Per Engineering Division Request
	<input type="checkbox"/>	Revisions
	<input type="checkbox"/>	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: _____

OFFICE USE ONLY

<i>Routed to:</i>	BUILDING <input type="checkbox"/>	PLANNING <input type="checkbox"/>	ENGINEERING <input type="checkbox"/>
_____	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: _____