

REVISION REQUEST FORM

Drinking Water & Onsite Sewage

Submittal Date	Memo Number	Review Fee
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Please see the Environmental Health Fee Schedule for current fees.				
BUILDING SITE ADDRESS	OWNER OR APPLICANT INFORMATION			
Street Address	First Name	Last Name	Contact Phone	
City	Mailing Street Ad	dress		
Assessor's Account Number	Mail City	State	Zip/Postal	
REVISION INFORMATION – THIS FORM IS TO BE USED Of Original application memo #:	ONLY IN ACCO	RDANCE WITH POLICY#	3.	
Describe minor revision in detail:				
Signature				
Designer/Owner Name (Printed)				
Designer/Owner Name Signature			Date	