



801 – 228th Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

PERMIT NUMBER							

Revision/Change of Design Request Form

This form is for submittal of revisions to existing permits.
It serves as an informational document for reviewers and Permit Center Staff

**PLEASE NOTE REVISIONS MAY ONLY BE DONE TO AN ISSUED PERMIT
IF YOUR APPLICATION IS STILL PENDING YOU WILL USE THE CORRECTION FORM**

PROPERTY

Project Street Address:	
City/State/Zip:	
Tax Parcel No:	_____ - ____ - _____
Project Name (Development and Lot #, if applicable):	
Builder:	Phone/Fax:
Mailing Address:	City/State/Zip:
E mail:	Cell:
Name:	Phone/Fax:
Mailing Address:	City/State/Zip:
E mail:	Cell:
Please use this space to give a brief description of the change(s) to the project. Make sure all these changes are represented. Please call the Permit Center for submittal requirements. 425-295-0500. Applicable Fees will be due at time of submittal and issuance.	
Submittal Received by: _____ (initials)	FOR OFFICE USE ONLY
Date Submitted: ____/____/____	