



REVISION-COMMENTS

Date: _____

Contact: _____ Phone Number: _____

Permit Number: _____ Fax Number: _____

Address: _____

Project Name: _____

*****Please attach a letter of explanation for this revision*****

The below is to be completed by the City Of Ocoee

DEPARTMENTS	DATE SENT	DATE RETURNED	DENIED	DATE FAXED	APPROVED
BUILDING 1ST					
BUILDING 2ND					
BUILDING 3RD					
PLANNING 1ST					
PLANNING 2ND					
ENGINEERING 1ST					
ENGINEERING 2ND					
FIRE PREVENTION					
ZONING					

Number of Pages: _____ X \$5.00 = \$ _____

Revision Approved by: _____ Date: _____