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## **REVISIONS & DEFERRED SUBMITTALS**

This form is for submitting documents to the UCF Building Department for review after the initial review has been completed. Please fill in the pertinent items here and include a complete description, and count of each item. Please also attach a revised fee proposal. Revision number must also be entered. All field must be completed.

entered. All field must be completed. TO: **UCF Building Department** FROM: DATE: PERMIT #: **BUILDING #: BUILDING NAME:** PROJECT NUMBER AND OR DESCRPTION: SFM# IF APPLICABLE: **PROJECT MANAGER** (PM) OR CONTACT NAME: PM EMAIL: PM PHONE: **CURRENT VALUE OF** IS THIS AN INCREASE YES, PLEASE ENTER NEW VALUE BELOW WORK \$: IN PROJECT VALUE? □NO Revision # INCREASE IN VALUE : \_\_\_\_\_ADDITIONAL FEE: \_\_\_\_\_In-House Consultant ADMINISTRATION : \_\_\_\_\_ DOCUMENT REVIEW: \_\_\_\_\_INSPECTION: \_\_\_\_ The following items are transmitted to the UCF Building Department for review and further processing: A NARRATIVE MUST ACCOMPANY ALL REVISED PLANS WITH SHEETS CLOUDED TO REFLECT CHANGES. # OF COPIES **ISSUE DATE OF ITEM** THE REVISION SCHEDULE IN THE TITLE BLOCK MUST BE UPDATED. **EACH ITEM** COMMENT OR NOTE:

SIGNATURE: