



Building Permit Change Order Form

This information is required pursuant to Section 19825 of the Health and Safety Code of the State of California.

Part 1: Project Information & Description Change Order Permit #: _____

Change Order for Issued Permit Number #: _____

APN: _____ Date: _____

Project Address: _____ Process: Paper ePlan

Property Owner: _____ Email: _____

Address: _____ Phone: _____

Licensed Design Professional (Architect or Engineer in charge of the project)

Lic #: _____

Name: _____ Email: _____

Address: _____ Phone: _____

Licensed Contractor

Lic #: _____

Name: _____ Email: _____

Address: _____ Phone: _____

Project Contact

Name: _____ Email: _____

Address: _____ Phone: _____

<input type="checkbox"/> Mechanical	Ret Wall (sf): _____	Tenant Improvement (sf): _____
<input type="checkbox"/> Solar	Deck (sf/hgt): _____	Remodel (sf) _____
<input type="checkbox"/> EV System	Trellis (sf): _____	Addition (sf): _____
<input type="checkbox"/> Electrical	Door/Win (#): _____	Single Family Dwelling (sf): _____
<input type="checkbox"/> Plumbing	Siding (sf): _____	Accessory Dwelling – ADU (sf): _____
<input type="checkbox"/> Pool/Spa/Tub	Sheetrock (sf): _____	Multi-Family Dwelling (sf/bldg): _____
<input type="checkbox"/> Truss	Reroof (#sqr): _____	Garage (sf): _____
<input type="checkbox"/> Other	Demolition (#): _____	Accessory Building (sf): _____

Description
