



County of Santa Cruz Planning Department  
 701 Ocean Street 4<sup>th</sup> Floor, Santa Cruz, CA 95060  
 www.sccoplanning.com

# Building Permit Construction Change Documents

Form  
**PLG-205**

The preparer is legally responsible for signatures whether a graphic, typewritten, or handwritten. Documents may not be restricted by digital signatures or otherwise.

**Project Information** Staff will assign Construction Change Documents Permit No. \_\_\_\_\_

Notice to Applicants for Commercial Building Permits: [AB3002](#) Revision to Issued Permit No. \_\_\_\_\_  
[ePlan](#) electronic submittal required. [Express Plan Check](#) may process using ePlan or Paper.

APN: \_\_\_\_\_ Date: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Legal Owner: \_\_\_\_\_ Email: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant** License No. \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Design Professional in Charge** (if any) License No. \_\_\_\_\_  
 Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Briefly Describe Scope of Work Changes** Indicate square footages or other relevant information


**Applicant**

**Licensed Contractor, Property Owner, or Authorized Agent** Sign and print name below  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_