



City of Groveland
 Building Division
 6825 SR 50, Groveland FL 34736
 Ph. 352-429-2141 - Option 2
 www.groveland-fl.gov

PLAN REVISION APPLICATION

APPLICATION DATE: _____

OWNERS NAME: _____ PHONE # _____

ADDRESS: _____

EMAIL: _____

APPLICANT IS: OWNER AGENT CONTRACTOR OTHER

PROJECT ADDRESS: _____

COMMUNITY/DEVELOPMENT NAME: _____

BUILDING PERMIT NUMBER IF ALREADY ISSUED: _____

IS BUILDING CURRENTLY UNDER CONSTRUCTION: YES NO

PLAN REVISION INFORMATION: CHECK ALL THAT APPLY AND GIVE A BRIEF DESCRIPTION AND SUPPLY SIGNED AND SEALED PLANS FROM ARCHITECT/ENGINEER. FEES WILL BE ASSESSED AND MUST BE PAID AT THE TIME THE PLANS ARE RETURNED TO APPLICANT.

- BUILDING _____
- ELECTRICAL _____
- MECHANICAL _____
- PLUMBING _____
- GAS _____
- FIRE SYSTEM _____
- SITE PLAN _____
- OTHER _____

APPLICANT SIGNATURE _____ DATE _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this: _____ day of _____, 2022.

- Personally known to me
- Florida Driver's License
- Other type of identification

Signature of Notary taking acknowledgement

Printed Name of Notary

Commission Number: _____

Expiration Date: _____

Notary Stamp