



City of San Mateo
 Building Division
 330 W 20th Ave
 San Mateo, CA 94403
 650-522-7172
 www.cityofsanmateo.org

Revision and Resubmittal Plan Review Form

Revised 10/25/2019

Project Number: _____

Planning Application #: _____
 (If Applicable)

Project Address: _____

Delivered By: _____

Phone #: _____

(Circle one that is applicable)
REVISION / RESUBMITTAL

Date:

CONTACT INFO:

OWNER

ARCHITECT
 ENGINEER

CONTRACTOR
 DESIGNER

Name: _____

Phone #: _____

Company: _____

EMAIL: _____

Address: _____

Description of Revision / Resubmittal: _____

Revision Valuation: \$ _____

Checklist: All applications for revisions/plan check resubmittals must contain the following:

- ___ 1. Minimum of four COMPLETE or COLLATED sets of the revised plans.
- ___ 2. An itemized list of changes or corrections specifying the location on the plans. (If Plan Check Resubmittal, it can be listed on the Plan Check Correction Letter)
- ___ 3. All revisions/changes are clouded on the plans.
- ___ 4. Plans are wet signed by the architect or engineer. (Minimum two set of plans)

For Office Use:

Plan Check Submittal Sequence # _____

Received By: _____

Plan Check Time:
 _____ Hours x \$ _____ per hour = _____

ROUTE TO:		
Fire <input type="checkbox"/> (____)	Building <input type="checkbox"/> (____)	Planning <input type="checkbox"/> (____)
Planning <input type="checkbox"/> (____)	C&D <input type="checkbox"/> (____)	Police <input type="checkbox"/> (____)
Wet Waste <input type="checkbox"/> (____)	Arborist <input type="checkbox"/> (____)	Other <input type="checkbox"/> (____)
# of plans submitted: _____		

Approved By: _____

Date: _____