



Pasco County Building Construction Services
 Central Permitting Division
 8731 Citizens Drive, Suite 230
 New Port Richey, FL 34654
 (727) 847-8126

PLANS REVIEW ANSWER TO COMMENTS

Date Received: _____

Permit Type: _____

Plans Examiner:
Permit Technician:
Permit Service:
Owner/Builder:

PLEASE COMPLETE THE FOLLOWING INFORMATION BEFORE LEAVING PLANS

Permit Number:
Job Site Address:
Contractor's Name:
Contractor's Telephone Number:
Contact Email:
PLEASE GIVE DESCRIPTION BELOW OF CHANGES BEING MADE TO THE EXISTING PLAN:
You will be contacted when proposed changes have been reviewed or Plans Examiners have any questions regarding proposed changes.

FOR OFFICIAL USE ONLY

Flood Zone:	Fire:
Zoning Sign off needed	Impact:
Septic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Well: <input type="checkbox"/> Yes <input type="checkbox"/> No
Review fee \$:	Fire Fee: \$
Plans Examiner Sign Off:	Date completed: