



UNION COUNTY
DEPARTMENT OF BUILDING REGULATIONS
RE-SUBMITTAL/REVISIONS/ ADDITIONAL PLANS
For all Plan Review Records

Permit # / Record ID: _____ Revisions OR Additional Plans? (Circle one)

Project Address: _____

Project Name: _____

Form with checkboxes: Structural, Electrical, HVAC, Fire Alarm, Fire Suppression, Other

Number of Sets Included: _____ (Residential = (2) Sets Commercial = (3) Sets)

Response Letter/ Correction Letter? Yes or No

Revisions uploaded to OpenGov (optional) Yes or No

Provide description of what is being submitted and what area of the plans are being addressed:

Three horizontal lines for providing a description of the submission.

Printed Name of Owner/ Authorized Agent Submitting _____ Company Name _____

Phone # _____ Email Address _____ Date _____

(FOR OFFICE USE ONLY)

Name & # of person contacted _____

Special notes _____

Horizontal line for signature or notes.

Signature of person picking up plans _____ Date _____