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CORRECTION FOR FILE

Building Inspection Division – Public Request Form

PERMIT # _____ DATE: _____
(Indicate **only** information to be changed)

NEW OWNER: _____

MAILING ADDRESS: _____

FAX & PHONE NUMBER: _____

NEW **CONTRACTOR** OR **LICENSED DESIGN PROFESSIONAL** (circle one):

NAME: _____

LICENSE #: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

ASSESSOR'S PARCEL NUMBER: _____

LOCATION OF JOB: _____

SIGNATURE OF *OWNER, CONTRACTOR, OR LICENSED DESIGN PROFESSIONAL* (CIRCLE ONE)

DATE