CITY OF COEUR D'ALENE BUILDING DEPARTMENT

710 E MULLAN AVE COEUR D'ALENE ID 83814 208-769-2267 – 208-769-2237 FAX

Internal Office Use Only
Revision
Routed Date: _____

By: _____

ROUTING FORM

Any revisions or additional information submitted after the initial application or after permits are issued requires this form to be completed and included with the submittal package. All changes to drawings shall be clearly identified by clouding with revision numbers or some other means to clearly identify the changes. ***Commercial revision submittals require ONE (1) paper copy of the drawings with a PDF version saved to a CD.***

❑ Commercial ❑ Residential ❑ Owner Requested Changes

❑ Staff Requested Changes:_____
City Staff Name

❑ Addenda Submittal

Permit Number: _____ Job Address: _____

Project: _____ Contact Person: _____

Phone Number: _____ Email: _____

Description of Submittal:

_____

_____

_____

Sheet Numbers in this Submittal:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

_____ _____
Submitted By Date

Internal Office Use Only

Building/Mechanical: _____ _____
By Date

Plumbing: _____ _____
By Date

Additional Fees Required: **$** _____

Internal Office Use Only
REVISION(S) RECEIVED

Date: _____

Time: _____

By: _____