



City of Pahokee

207 Begonia Drive
Pahokee, Florida 33476
Phone: (561) 924-5534 ext. 2003 or 2004
Fax: (561) 924-8140

REVISION FORM

Date: _____

Permit No. _____

TO BE FILLED OUT BY APPLICANT

Name/Contractor: _____

Contact Phone No. _____

Project Address: _____

Proposed Revision Details:

Building ☐ Electrical ☐ Plumbing ☐

Roof ☐ Fire ☐ Other _____

I understand a fee will be charged for this revision, in accordance with the City of Pahokee permit Fee schedule, and is required when submitted. I understand I must provide a LETTER CLEARLY DESCRIBING THE PREVIOUS AND NEW CONDITIONS AS INDICATED ON THE SUBMITTED PLANS.

SIGNED: _____

BUILDING, PLANNING & ZONING OFFICE USE ONLY

REVISION FEE: \$50.00 per hour (MINIMUM = \$50.00)

\$50.00 x _____ hrs

Total Balance Due = _____

Zoning Review: _____

Plan Examiner: _____