



**CITY OF PEACHTREE CORNERS
BUILDING DEPARTMENT**

310 Technology Parkway, Peachtree Corners, GA, 30092
Tel: 678-691-1200 | www.peachtreecornersga.gov

PLAN REVISION FORM

Application Date: _____

Project Name: _____ Permit Number: _____

Address: _____

Change in Project Valuation: _____

Applicant	Applicant (Business Name and Designated Employee, if Applicable):		
	Mailing Address:		Phone:
	City:	State:	ZIP Code:
	Point of Contact (POC):		
	Email:		

Please identify the changes (use the below area or provide a separate transmittal letter and attach to this form.)

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Amount Due: _____ Staff: _____ Date: _____