



Community Development Department - Planning & Zoning Division
 2200 Civic Center Place, Miramar, Florida 33025
 Tel: (954) 602-3264 | Fax: (954) 602-3448
 pandz@miramarfl.gov

DRC/CAB REVISION COVERSHEET

This sheet shall be completed and submitted in conjunction with any of the following: changes to the approved plans, and alterations, or anything not contained in the DRC/CAB-approved set. **If the project already has a permit application on file, then this application must be approved prior to a building permit revision.**

Fill out all requested information.

Date: _____

DRC / CAB Project # _____ Re. Application No. _____

Project Name _____ Your Name: _____

Project Address _____ Phone # (____) _____

Lot: _____ Block: _____ Subdivision: _____ Fax # (____) _____

Developer / Contractor: _____

Email address: _____

- Submit two signed and sealed sets of scaled plans with revision clouds and dates. **AN**
- **INITIAL SUBMITTAL FEE OF \$75.00 PLUS 8% SURCHARGE = \$81.00 FOR THE FIRST HOUR OF REVIEW.**
- If approved, one set of plans will be returned to the Applicant with an approval stamp.
- **Attach cover letter that describes in detail what revisions are being submitted and why:**
- **Please check the appropriate discipline to review your submittal.**

Per Section 22-27.2 City of Miramar Code of Ordinances, fees are to be collected for Plan Review.

Plan Review fee for all Revisions: \$75.00 per hour plus 8% SUR-CHARGE - PER DISCIPLINE

ZONING/CAB \$ _____
 Appvd. _____ Disapp. _____ Date _____

LANDSCAPING \$ _____
 Appvd. _____ Disapp. _____ Date _____

Comments from the Plan Reviewer:
