

# City of Lawrenceville Revision Requirements

Submittal Date: \_\_\_\_\_

Permit # : \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Information needed to process the revision:

**Explanations of all changes:**

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**Changes need to be highlighted on drawings**

**3 copies of only the sheets that have been revised**