



CITY OF EL CENTRO
 1275 Main Street
 El Centro, CA 92243
 (760) 337-4508
 Fax (760) 337-2319

Date of Application:
Site Plan Review Number:
Permit Number:
Valuation:

ADDENDUM TO APPROVED PLANS

***REQUIRED INFORMATION - INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

*Project Address:		CONTACT INFORMATION:	
*Property Owner:	Owner's Phone #:	Name:	Fax #: Phone#
*Property Owner's Mailing Address:		Assessor's Parcel Number:	
		Block:	Lot: Subdivision:
*Prime Contractor:	*Phone #:	*Business License #:	
Contractor Address:		*State License #:	
Architect/Engineer:	Phone #:	*State License #:	
Architect/Engineer Address:			
*DETAILED DESCRIPTION OF CHANGES (ALLOW 2 WEEKS FOR REVIEW):			
SHEET #:	DETAILED DESCRIPTION OF CHANGES PER PAGE:		
EXPIRATION OF PLAN REVIEW: APPLICATIONS FOR WHICH NO PERMIT IS ISSUED WITHIN 180 DAYS FOLLOWING THE DATE OF APPLICATION SHALL EXPIRE BY LIMITATION, AND PLANS AND OTHER DATA SUBMITTED FOR REVIEW MAY THEREAFTER BE RETURNED TO THE APPLICANT OR DESTROYED. REQUESTS FOR A 180 DAY PLAN CHECK EXTENSION MUST BE MADE IN WRITING TO THE BUILDING OFFICIAL PRIOR TO THE EXPIRATION DATE:			
*Applicant's Signature:		*Application Date:	
OFFICE USE ONLY			
APPROVALS REQUIRED:			
	PLANNING	NOTES:	
	ENGINEERING/PUBLIC WORKS		
	FIRE DEPARTMENT		
	ESGIL		
	HEALTH DEPT.		