



CITY OF DELAND

120 S. FLORIDA AVENUE 1ST FLOOR BUILDING DIVISION
386-626-7009 PHONE / 386-626-7135 FAX

Application #: _____

Date: _____

Received by: _____

RESPONSE TO COMMENTS

(PERMITS NOT ISSUED)

MUST BE COMPLETED BY PERMIT APPLICANT

INCOMPLETE SUBMITTALS WILL BE RETURNED TO APPLICANT

COPIES REQUIRED:

RESIDENTIAL – 2 COPIES

COMMERCIAL – 3 COPIES

PROJECT ADDRESS _____

PERMIT TYPE (SFR, SHED, ETC.) _____

CONTRACTOR NAME _____

CONTACT PHONE _____ EMAIL _____

REVISION DUE TO:

Zoning (Change of location
or design, fence, sign, etc.)

Building (Plans, Trusses,
energy calculations, re-stamp plans
Inspector requests, etc.)

Land Development (Change
of grading, finish floor
Elevation, infrastructure, etc.)

Fire Marshal (Fire suppression
system, fire sprinklers, etc.)

INFORMATION SUBMITTED: _____

DESCRIPTION OF CHANGES:

Total amount due \$ _____

OFFICE USE ONLY

Department	Approved	Rejected	Comments
<input type="checkbox"/> Zoning			
<input type="checkbox"/> Building			
<input type="checkbox"/> Fire			