

Date Rec: \_\_\_\_\_  
 Clerk: \_\_\_\_\_  
 Review #: \_\_\_\_\_

Cecil County  
 Department of Land Use & Development Services  
 Division of Permits & Inspections  
 410-996-5235



**BUILDING PERMIT REVISION FORM**

**IF PROPERTY IS IN INCORPORATED TOWN LIMITS AN APPROVED ZONING CERTIFICATE/CONSTRUCTION AUTHORIZATION IS REQUIRED LISTING APPROVED REVISION ANY STRUCTURAL CHANGES WILL REQUIRE NEW BUILDING PLANS AND MUST BE RESUBMITTED WITH APPLICATION SHOWING ALL STRUCTURAL CHANGES. BUILDING REVIEW AND APPROVALS WILL BE REQUIRED FROM ALL DEPARTMENTS THAT APPROVED ORIGINAL PERMIT BEFORE WORK CAN CONTINUE.**

Permit # \_\_\_\_\_ Has Permit Been Issued?  Yes  No Has Any Work Been Started?  Yes  No

Property Address: \_\_\_\_\_ Suite/Unit #'s \_\_\_\_\_ City: \_\_\_\_\_

Property Owner(s) Name: \_\_\_\_\_

Who is applying for Revision?  Owner  Tenant  Contractor  Representative of Owner  Representative of Contractor

Name: \_\_\_\_\_ Contact# \_\_\_\_\_ Email: \_\_\_\_\_

Explain Changes to Original Scope of Work:

\_\_\_\_\_

\_\_\_\_\_

Are you Converting/Relocating Rooms?  No  Yes If Yes Converting From What to What?

\_\_\_\_\_

Are you adding Electric to building permit? Yes  No

Are you adding Plumbing/Gas to permit? Yes  No  If yes, list Fixtures: \_\_\_\_\_

Are you adding HVAC to permit? Yes  No

Are you removing Electric from permit? Yes  No

Are you removing Plumbing from permit? Yes  No

Are you Removing HVAC from permit? Yes  No

If you are adding Square Footage, what is the new Sq Ft \_\_\_\_\_ length \_\_\_\_\_ x width \_\_\_\_\_ x height

Explain: \_\_\_\_\_

If You are Making Any Changes To The Bedrooms Or Bathrooms, Complete The Following

	# LISTED ON ORIGINAL APPLICATION	# NEW	IF ELIMINATING # OF	# FUTURE BATH ROUGH IN	IF APT/INLAW SUITE # OF	TOTAL # ON SITE AT COMPLETION PROJECT
BEDROOMS						
FULL BATHROOMS						
HALF BATHROOMS						

**I UNDERSTAND AND ACKNOWLEDGE THAT WORK CANNOT BEGIN UNTIL APPROVED PERMIT IS ISSUED**

**ALL REVISIONS MUST BE SUBMITTED TO [DLUDS@CCGOV.ORG](mailto:DLUDS@CCGOV.ORG) FOR PROCESS AND APPROVALS.**

**NO CHARGE FOR REVISION UNLESS SQUARE FOOT ADDED.**

Applicant Print Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_