Seattle Department of Construction & Inspections	
APPLICATION / CHECKLIST CONSTRUCTION	POST PERMIT SUBMITTAL
Type of submittal (Check one): Blanket Permit	Revision Sprinkler Shop Drawing
For Shop Drawing, please specify type:	
For Revisions, please describe briefly:	
Parent Permit #:	Child Permit #:
Project Address:	
Tenant Name:	Floor #:
Contact Name:	Contact Phone:
Contact Company Name:	
Mailing Address:	
City:	Zip Code:
Email:	

$\label{eq:please complete the sections below if applying for a Revision$

Note: Changes of Use may not be included as a revision

Did the project have an associated Master Use Permit? If yes, the Project #:	Yes No
Did the project go through Design Review (DR), Administrative DR or Streamlined DR?	Yes 🗌 No 📃
Did the project need to obtain a Landmark or Historic Board Certificate of approval?	Yes 🗌 No 🗌
Has the primary applicant or financially responsible party changed since the original permit was issued?	Yes 🗌 No 🗌

If yes, please attach an updated Statement of Financial Responsibility form.

This permit revision includes the following changes:

LAND USE/ZONING		
 A Change in the building footprint? An increase in the building height? A decrease in floor to ceiling height at the street level floors? A decrease in the depth of any street level commercial space? Changes to projections such as bays, decks, etc? Changes to approved façade materials? Changes to landscaping? Changes to any feature counted in Green Factor compliance? Changes to the number, size, or configuration of parking spaces? Changes to the location or width of vehicular access? Changes to street level façade transparency? 	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
DRAINAGE Changes the drainage plan? Change in how storm water is managed on site? Change so that an existing building will be demolished to the foundations? Increase in the amount of impervious surface?	Yes Yes Yes Yes	No 🔲 No 🔲 No 🛄
ENERGY/MECHANICAL Change in the building envelope? Change in the mechanical equipment?	Yes 🗌 Yes 🔲	No 🛄 No 🔲
ENVIRONMENTALLY CRITICAL AREA (ECA) Do the revisions occur in an ECA or its buffer?	Yes 🗔	No 🗖
GEO SOILS Change to retaining wall locations, height, or type? Change to the foundation location, type, or depth? Change to the temporary excavation/shoring plan?	Yes 🔲 Yes 🛄 Yes 🗍	No 🔲 No 🔲 No 🔲

I,______, am the primary applicant or financially responsible party for this development permit. I declare that the scope of design changes indicated above are accurate and represent the full scope of proposed changes related to **all applicable Land Use and Construction regulations**. I understand that misrepresentation of the scope of design changes that results in non-compliance with **any** Land Use **or Construction Regulation**, Design Review approved features/materials or elements, or conditions of a Land Use decision, may result in SDCI requiring removal and replacement of such elements or features in order to bring the development back into compliance with the original permit approvals, conditions or requirements.

Printed Name of Applicant/Financial Responsible Party

Signature of Applicant/Financial Responsible Party

Date