



MARTIN COUNTY BUILDING DEPARTMENT
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REVISIONS – CORRECTIONS REQUEST FORM

DATE: _____ **PERMIT/TRACKING #:** _____

PLEASE CHECK ONE OF THE FOLLOWING:

ONLINE PERMITTING: **Yes** **No**

- CONDITION OF APPROVAL:** (Needed for an inspection)
- CORRECTION(S):** (Permit not issued/permit DENIED)
- REVISIONS :** (Make changes to an issued permit)

All revisions must be clouded in black ink (no colors)

Description of Revision: _____

Contact Name: _____

Email: _____ **Phone Number:** _____



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