



CITY OF NEWCASTLE
COMMUNITY DEVELOPMENT

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REVISION/ADDITIONAL INFORMATION SUBMITTAL

PROPERTY ADDRESS: _____ PERMIT # _____

PROJECT NAME: _____ HAS PERMIT BEEN ISSUED? Yes No

CONTACT PERSON: _____ PHONE: _____

EMAIL ADDRESS: _____ FAX: _____

DESCRIBE THE NATURE OF THE CHANGES: _____

SHEET NUMBER(S) _____

Cloud or highlight all areas of revisions and date revisions

For Office Use Only

Building	Planning	Public Works	Fire
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Additional Charges:
