

City of Keene, NH

PERMISSION TO ALTER PLANS & SCOPE OF ACTIVE/ISSUED PERMIT

If you have questions completing this form, call (603) 352-5440 or email permittech@keenenh.gov

The filing of this application shall not be deemed as an approval. Once reviewed, and approved by this Department, a copy of the revised, reviewed plans and this form must be kept on the job site with the original permit.

WE HEREBY REQUEST TO ALTER THE APPROVED PERMIT :			
PER		DATE ISSUED:	
ADDRESS:			
ž	PRINTED NAME:		
	COMPANY NAME:		
	MAILING ADDRESS:		
	PHONE:		
	EMAIL:		
	SIGNATURE:	DATE:	
APPLICANT	PRINTED NAME:		
	COMPANY NAME:		
	MAILING ADDRESS:		
	PHONE:		
	EMAIL:		
	SIGNATURE:	DATE:	
NATURE OF CHANGE: (Specific description and three sets of construction plans)			
PLAN DATE/PLAN NUMBER/PAGES TO BE CHANGED:			
ADDITIONAL VALUE OF CONSTRUCTION: \$			
For Office Use Only: Date Received: Received By			
Additional Fee			
Revi	iewed By	Review Date	