



## EXPEDITED REVIEW SERVICE

For Corrections and Revisions *Only*

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Print Your Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_

General Contractor Address: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Address of Job Site: \_\_\_\_\_

**OFFICE USE ONLY**

**Request to Expedite the following:**

\*Per Review cycle

- Correction To Plan Review     Revision

Permit Rep  
\_\_\_\_\_

**For The Following Discipline(s):**

- Structural                       Electrical                       Mechanical                       Engineering  
 Plumbing                         Fire                                 Zoning

**I am responsible to reimburse the City of Coral Springs for the costs incurred from this request. Additional expedited plan review fees will be collected at time of permit pick-up if exceeds over one hour minimum. \*Expedited Fees apply for each Submittal**

Prepaid Yes  No  CC                      Check #                      Cash

Print Name Of Authorized Representative

Title

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DISCIPLINE	EXPEDITED REVIEW DATE Rec'd.      Completed	PLAN REVIEWER/INSPECTOR	Invoicing – Per Hour Minimum 1 hour 15 minute increments
Structural	/		
Electrical	/		
Mechanical	/		
Plumbing	/		
Fire	/		
Zoning	/		
Engineering \$150 (1 hr minimum)	/		