



EXPEDITED REVIEW SERVICE

For **Corrections** and **Revisions Only**

Date: _____ Permit # _____

Print Your Name: _____

General Contractor: _____

General Contractor Address: _____

Contact Telephone: _____

Address of Job Site: _____

Request to Expedite the following:

*Per Review cycle

- Correction To Plan Review Revision

OFFICE USE ONLY

Permit Rep

For The Following Discipline(s):

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Structural | <input type="checkbox"/> Electrical | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Fire | <input type="checkbox"/> 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 _____

FOR OFFICE USE ONLY			
DISCIPLINE	EXPEDITED REVIEW DATE		PLAN REVIEWER/INSPECTOR
	Rec'd.	Completed	
Structural	/		
Electrical	/		
Mechanical	/		
Plumbing	/		
Fire	/		
Zoning	/		
Engineering \$150 (1 hr minimum)	/		