



# DEPARTMENT OF RESOURCE MANAGEMENT

## Building and Planning Division

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Web: [shastacounty.gov/building](http://shastacounty.gov/building) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

### DROP OFF SUBMITTAL FORM

(Rev: 09-01-17)

Shasta County Department of Resource Management accepts dropped off revisions and supplemental data for permits and projects currently in process. **New permit and project submittals will not be processed through drop off.** All items with an asterisk\* must be completed. All revisions must be noted on the plans or in an accompanying response letter. Please provide the name, phone number and email for the contact person for the permit or project in case questions arise from this submittal.

\*Application Number: \_\_\_\_\_ \*Contact Name: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

Check all items that apply and fill in the number of copies:

#### Building Permit Revisions/Supplemental Data

- |   |  |
|---|--|
| <input type="checkbox"/> _____ Sets of Revised Building Plans | <input type="checkbox"/> Response Letter to Plan Check Corrections |
| <input type="checkbox"/> _____ Sets of Truss Calculations     | <input type="checkbox"/> _____ Sets of Engineering                 |
| <input type="checkbox"/> _____ Revised Plot Plan(s)           | <input type="checkbox"/> _____ Additional Floor Plans              |
| <input type="checkbox"/> Other items (Please List) _____      |  |

#### Planning Project Revisions/Supplemental Data

\*Project Planner: \_\_\_\_\_ \*Project Number: \_\_\_\_\_

Items Submitted (Please List): \_\_\_\_\_

I understand the submitted items will be processed in order of acceptance. If the resubmittal of items is incomplete the person listed on this form will be contacted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_