City of Rockville
Get Into It

INSPECTION SERVICES DATE STAMP

City of Rockville
Department of Community Planning and Development Services
Inspection Services Division
240-314-8240 / 240-314-8265 (Fax) **www.rockvillemd.gov/isd**

Plans Resubmission Form

OFFICE USE ONLY	☐ Amendments ☐ Revisions	**OFFICE USE ONLY**

DATE: _____

PERMIT NUMBER: _____ 20_____

ADDRESS: _____ SUITE: _____

TENANT NAME: _____

CONTACT PERSON: _____ PHONE: _____
(PRINT NAME)

TYPE OF RESUBMISSION

☐ARCHITECTURAL ☐STRUCTURAL ☐ELECTRICAL
☐PLUMBING ☐MECHANICAL
☐OTHER: _____

GENERAL DESCRIPTION OF WORK

_____

_____

_____

_____

_____

_____

USE THIS AREA FOR RESUBMITTAL OF SUSPENDED PLANS ONLY

NAME OF PLANS EXAMINER REQUESTING INFORMATION: _____

ALL CHANGES MUST BE CLEARLY INDICATED ON RESUBMITTED PLANS.
ALL RESUBMISSIONS MUST BEAR THE ORIGINAL WET STAMP, PROFESSIONAL CERTIFICATION, AND SIGNATURE OF THE STATE OF MARYLAND PROFESSIONAL.

Revised 06/09/11