

Department of Community Planning and Development Services Inspection Services Division 240-314-8240 www.rockvillemd.gov/isd

INSPECTION SERVICES DATE STAMP

Plans Resubmission Form

DATE:			
PERMIT NUMBER:			
ADDRESS: SUITE: _		SUITE:	
TENANT NAME:			
CONTACT PERSON:	(PRINT NAME)	PHONE:	
	TYPE OF RESUBMISSION (CHI	CK ALL THAT APPLY)	_
□ ARCHITECTURAL□ PLUMBING□ OTHER:	□ STRUCTURAL □ FIRE	□ ELECTRICAL □ MECHANICAL	☐ INTERIOR☐ EXTERIOR☐ BOTH
	GENERAL DESCRIPTION O	F CHANGES	

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.

NAME OF PLANS EXAMINER REQUESTING INFORMATION: _