



Revision Contract Cost Statement (RCCS)

Permit Number: _____ Revision No.: ____ Property Address: _____

Contact Name: _____ Tel. No. _____ Email _____

Pursuant to the City Municipal Facilities and Services User Fee Schedule, plan revision fees are determined by the change in total contract amount and subject to a minimum plan check fee. By his/her signature below, the Contractor/Qualifier does affirm and certify that the total contract cost change associated with this revision and entered below is true and accurate. If in the opinion of the building official the valuation of the proposed revision appears to be underestimated, the applicant may be required to provide supporting documentation including, but not limited to, detailed cost breakdowns using the most current edition of RS Means or ICC Building Valuation Data.

CHANGE IN TOTAL CONTRACT AMOUNT: _____

Subsequent inspection cannot be scheduled, and final inspection will not be released, until the following fees are paid to the city:
1) Minimum revision plan check fee of \$79.00; 2) Scanning fees and 3) Additional fees due from an increase to the *Total Contract Amount*.

Print General Contractor/Main Qualifier's Name

Date: _____

Main Qualifier/Authorized Representative Signature

State Contractor's Lic. No. _____

Revision Narrative

Revisions of approved construction documents after issuance of the permit, and before final inspections shall be accompanied by a clear, descriptive revision narrative that is required to be *signed, sealed and/or certified* from the same registered design professional or contractor who submitted the original plans. (Section 19-117, Boca Raton Code of Ordinance) (May use separate sheets as necessary)

Print Name; Arch. / Eng. / Contractor

Signature; Arch. /Eng. /Contractor

SEAL OR CONTRACTOR LICENSE NO.
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