



DEPARTMENT OF COMMUNITY DEVELOPMENT  
 33325 8<sup>th</sup> Avenue South  
 Federal Way, WA 98003-6325  
 253-835-2607; Fax 253-835-2609  
[www.cityoffederalway.com](http://www.cityoffederalway.com)

## RESUBMITTAL INFORMATION

*This completed form MUST accompany all resubmittals.*

*\*\*Please note: Additional or revised plans or documents for an active project will not be accepted unless accompanied by this completed form. Mailed resubmittals that do not include this form or that do not contain the correct number of copies will be returned or discarded. You are encouraged to submit all items in person and to contact the Permit Counter prior to submitting if you are not sure about the number of copies required. \*\**

**ANY CHANGES TO DRAWINGS MUST BE CLOUDED.**

Project Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### RESUBMITTED ITEMS:

# of Copies **	Detailed Description of Item

*\*\* Always submit the same number of copies as required for your initial application.\*\**

Resubmittal Requested by : \_\_\_\_\_ Letter Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Staff Member)

<b>OFFICE USE ONLY</b>				
<b>RESUB #:</b> _____		<b>Distribution Date:</b> _____		<b>By:</b> _____
Dept/Div	Name	#	Description	
<input type="checkbox"/>	Building			
<input type="checkbox"/>	Planning			
<input type="checkbox"/>	PW			
<input type="checkbox"/>	Fire			
<input type="checkbox"/>	Other			