



PLAN CHECK CORRECTION FORM

CITY OF BAINBRIDGE ISLAND

Planning And Community Development • 280 Madison Ave. N • Bainbridge Island,
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Submit two (2) copies of all the corrected design details and/or construction documents with the changes clearly identified by “Ballooning”. **ATTACH** a copy of the Plan Review Comments.

Applicant/Contact: _____ **BP#** _____

Contact Phone: _____ **Email Address:** _____

Also, check appropriate box as to **action taken:**

- New Additional** sheets.
- Replacement sheets with “**Ballooned**” changes.
- “Ballooned” changes on **Original** sheets.

Notes: _____

Internal Use Only:

<input type="checkbox"/> Building Division	Approved By: _____	Date: _____
<input type="checkbox"/> Planning Division	Approved By: _____	Date: _____
<input type="checkbox"/> Drainage Division	Approved By: _____	Date: _____
<input type="checkbox"/> Fire Department	Approved By: _____	Date: _____
<input type="checkbox"/> Other: _____	Approved By: _____	Date: _____
Comments: _____		

Intake Initials: _____ **Date:** _____

ATTENTION

Permit Holders!

Please provide our office with as much lead-time as possible to avoid delays in your project.