Teller County Community Development Services Division Building Department



719-687-3048 Fax 719-687-5256		PO Box	. 1886 □□	Woodland P	ark,	CO	80866
--------------------------------	--	--------	-----------	------------	------	----	-------

CHANGE ORDER REQUEST

Owner Name:	Date:
Contractor Name:	Permit #
Site Address:	
Contact Phone #:	
clouded outline. Please give as much	HANGE: Correspond changed areas on plans with numbered lines and detail as possible for the plan reviewer. Lack of information may cause ions will be scheduled during plan review duration.
1.	
2.	
3.	
4.	
5.	
7.	
8.	
9.	
10.	
SUBMITAL CHECKLIST:	
Original approved Job Set Plan	S
	vings of changes located on plans by clouded outline. (MARKED-UP
JOB-SET WILL NOT BE ACC	
Architectural/engineering approva	
Revised Site Plan if applicable	,
\$50.00 Fee required at submittal	
	r plan review time and any additional fees for addition square footage or
remodeled spaces will be assessed	I upon completion of the review of the change order request CTOR MUST SIGN THE CHANGE ORDER BEFORE SUBMITTAL
BOID OWNER AND CONTRA	CION MUST SIGN THE CHANGE ORDER DEFORE SUDMITTAL

Additional requests for submitted drawings: design professional approval, details, and etc. please note:						
Date & Time Called:						
Person(s) Contacted:						
Date Returned to Building Department:						
NOTES:						
Owner's Signature	Date					
Contractor's Signature	Date					
Reviewed By	Date Completed					