



PERMIT CENTER

7 County Center Drive, Oroville, CA 95965

Main Phone 530.552.3700 Fax 530.538.7785

www.buttecounty.net/dds

FORM NO

DBP-06

PLAN CHANGE, RECHECK, OR RETURN

Owner's Name: _____

Contact Person Name: _____

Contact email: _____

Contact Phone Number: _____ Date Submitted: _____

Permit Number: _____ Assessor's Parcel Number: _____

- COMPLETE SET OF PLANS
- PARTIAL SET OR PAGES OF PLANS
(LIST PAGES BELOW)

Please check any that apply:

- Response to Plan Check Letter?
- Response to Building Inspection Correction Notice?
- Is there additional square footage?
- Is unfinished area being in-filled or completed?
- Other: _____

LIST OF ITEMS SUBMITTED

1. _____
2. _____
3. _____
4. _____
5. _____

Minimum 1 hour plan change fee to be collected at time of submission. Plans Examiner will determine if additional plan checking fees are required:

- Minimum \$141.65
- Additional Fee Amount Due: _____