

CITY OF SOUTHFIELD
Department of Building & Safety Engineering

Addendum Application

Addendum # _____

Original Permit # _____

Application to amend construction documents:

Application Fee: \$40

Application Date: _____ Date Issued: _____ Sidwell # _____

Job Address _____ Suite # _____

Tenant Name _____

Contractor _____ Phone # _____

Email _____

Description of Work: _____

Estimated Cost of Addendum \$ _____

OFFICE USE ONLY

Use Group _____ **Occ. Load** _____ **Const. Type** _____ **Zone** _____ **SQ FT** _____

Remarks _____

Addendum Fee \$ _____ **Interceptor Fee \$** _____ **Admin. Fee \$** _____ **Struct. Fee** _____

Code Year _____

TOTAL DUE \$ _____