



BOARD OF COUNTY COMMISSIONERS

**Planning and Development**

2725 Judge Fran Jamieson Way  
Building A, Room 114  
Viera, Florida 32940  
(321)633-2070 Phone (321)633-2074 Fax  
www.brevardfl.gov/PlanningDev

**ENGINEERING REVISION APPLICATION**

\_\_\_\_\_  
Original Application Number

\_\_\_\_\_  
Revision Application Number

\_\_\_\_\_  
Application Name

Tax Account Number(s): \_\_\_\_\_

Fees (check all that apply):

- |                                       |                              |
|---------------------------------------|------------------------------|
| Land Development, \$525.00 (Required) | Engineering Design, \$300.00 |
| Traffic Operations, \$100.00          | Landscaping, \$480.00        |
| Natural Resources, \$360.00           | Address Assignment, \$50.00  |
| Zoning, \$200.00                      |                              |

Total Fees: \_\_\_\_\_

General Description of Revision:

Sheet Numbers: \_\_\_\_\_

**Engineer of Record or Contact:**

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Engineer or Contact Name \_\_\_\_\_ Company \_\_\_\_\_

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Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Submittal Requirements:**

Revised application

5 copies of the revised plans

Fees

The areas of the revision are to be clouded with delta reference inside the clouded area.

The revision block shall show the delta number, revision description, and the engineer's initials.

Provide a statement or note on plans as to the extent of the changes, if needed for clarification.

Site Plan revisions require a revised general statement in addition to the original general statement.

Revision Fees: A schedule of fees and charges for review is established by the Brevard County Board of County Commissioners, and may, from time to time, be amended.

Inspection Fees: Updated inspection fees may be required upon approval if there is an increase in construction cost due to the revision.

Please indicate if documents being submitted are Section 508 ADA Compliant.

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date