



CITY OF COEUR D'ALENE Building Department

710 E MULLAN AVE COEUR D'ALENE ID 83814 208-769-2267 – 208-769-2237 FAX

ROUTING FORM

Internal Office Use Only

Revision _____
Routed Date: _____
By: _____

AUTOCAD SHX TEXT MUST BE COMPRESSED PRIOR TO SUBMITTAL.

Any revisions or additional information submitted after the initial application or after permits are issued requires this form to be completed and included with the submittal package. All changes to drawings shall be clearly identified by clouding with revision numbers or some other means to clearly identify the changes. **Commercial submittals on City website allow PDF only if 20 pages or less. All other submittals require ONE (1) paper copy of the drawings with a PDF version saved to a CD or thumbdrive.**

Commercial

Residential

Owner Requested Changes

Staff Requested Changes: _____

City Staff Name

Permit Number: _____	Job Address: _____
Project: _____	Contact Person: _____
Phone Number: _____	Email: _____

Description of Submittal:

Sheet Numbers in this Submittal:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Submitted By

Date

Internal Office Use Only

Building/Mechanical: _____
By _____ Date _____

Plumbing: _____
By _____ Date _____

Additional Fees Required: \$ _____

Internal Office Use Only
REVISION(S) RECEIVED

Date: _____

Time: _____

By: _____