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NARRATIVE

| Response to: | ☐ Plan Review Comments |
|-------------------|--|
| | □ Correction Notice # |
| | ☐ Critical Inspection Review (If checked, a brief description as to why this should be a critical inspection review is required in the Justification space provide below.) |
| Justification: | |
| Permit/Workflow#: | Date: |
| Project Name: | |
| Contractor/Compar | y Name: |
| Contact Name: | |
| Email: | Phone: |
| | nittal: (Please be specific. List all affected plan pages with a short description of the revised additional pages as needed.) |

IMPORTANT: IF THE VALUE AND/OR SCOPE OF THE WORK WILL CHANGE SIGNIFICANTLY WITH THIS SUBMITTAL, THEN AN <u>AMENDED PERMIT APPLICATION</u> MUST BE SUBMITTED.