



**City of Sonoma**  
 Building Department

#1 The Plaza  
 Sonoma, CA 95476

Phone: (707) 938-3681  
 Fax: (707) 938-8775

**Deferred Submittal & Design Change Application**

Application Date

Existing Permit Number

Please complete all applicable portions of the application below. (Please print)

Project Street Address		Suite #	
Project or Existing Business Name		APN #	
Applicant (responsible for payment of review)	Phone	E-Mail Address	
Billing Address	City	State	Zip

**NOTE:** This application form is used ONLY for design changes or deferred submittals that do not increase or add to the existing scope of work covered under the existing permit stated above. Changes in the design that add or increase the scope or valuation of work covered under said permit will require a new (separate) permit application. When approved plans for the permit stated above were prepared by a licensed design professional, all proposed design changes for those portions of the plans must be designed and prepared by a licensed design professional.

Description of Deferred Submittal or Design Changes Being Submitted:

I am requesting that the Building Department review and approve design changes to the permit stated above. I agree to save, indemnify, and hold harmless the City of Sonoma and its employees against liabilities, judgments, costs and expenses which may accrue against the City or its employees in consequence of the design changes requested and further agree to pay all required fees in connection with the additional plan review and inspection therewith.

x \_\_\_\_\_  
**Applicant Signature** (Person responsible for payment of review) **Date**

FOR CITY USE ONLY  
**ROUTING AND REVIEW APPROVALS**

Routed To	Approved By	Date	Rate	Review Hours	Review Fee
<input type="checkbox"/> Building	_____	_____	\$97/hr	_____	PLCKB
<input type="checkbox"/> Planning	_____	_____	\$89/hr	_____	PLCKP
<input type="checkbox"/> Fire	_____	_____	\$120/hr	_____	PLCKF
<input type="checkbox"/> Public Works	_____	_____	\$89/Hr	_____	PLCKE

Total Design Change Review Fee: \$ \_\_\_\_\_

Less Initial Design Change Review Deposit (\$48.50 min.): (\$ \_\_\_\_\_) (PLCKB)

**Balance Due:** \$ \_\_\_\_\_