

Permit Resubmittal Form - DCAP

Date:	Permit #:
Address:	APN:
Project Name:	Type of Permit: ☐ Residential ☐ Non-Residential
Applicant Name:	
Phone No.:	Email:
**Show changes on original plans by hubb	ling them on plans and noting with the PC number and

Show changes on original plans by bubbling them on plans and noting with the PC number and date

- 1. All resubmittals must be submitted electronically through DCAP <u>City of Dixon, CA</u> A Response Letter and this resubmittal form are required and must be included with your resubmittal.
 - a. Not including Response Letters and Resubmittal Forms will result in Incomplete Resubmittals
- 2. Resubmittals at a minimum must include these two files:
 - a. A pdf file of the Plan Sheets being revised
 - b. A pdf file of the original Approved and Stamped Plan Set
 - c. Please use proper naming conventions for hese files. Include the Plan Check Cycle (PC1, PC2+etc.) **Examples**:

PC2 Resubmittal Form

PC2_Response Form

PC2 Plans

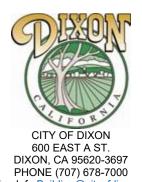
PC2_Structural Calculations

PC2_Special Inspections Form

City of Dixon

Community Development Department – Building Division
600 East A St, Dixon, CA 95620

(707) 678-7000 x1789 • building@cityofdixonca.gov



PHONE (707) 678-7000
Building Info Building@cityofdixonca.gov

Written description of changes being submitted (please include reference to number of plans for all requested changes):	
**Please inc	lude this form with the electronic copy of the revised plans and submit directly back to the Dixon Civic Access Portal (DCAP) using your login. **
Dixon C	ivic Access Portal Instructions
a. Foll	ow the hyperlink to go to <u>Civic Access</u>
b. Log	in to your DCAP Account
c. Clic	k on the "Dashboard" at the Top Banner
d. Clic	k on My Plans
e. Sele	ect the correct Plan Number
f. Clic	k on attachments
g. Add	attachment (revision) using the proper drop down selection available
•	e information and/or materials provided with this submittal are accurate and correct in h the directions provided by the requester.
SIGNATURE:	
PRINT NAME:	

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