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| --- | --- |
|  | **Modification Request Coversheet** |

CCL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZED AGENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DO YOU WANT THEM TO RECEIVE A COPY OF UPDATED ENVIRONMENTAL DOCUMENT? \_\_\_\_\_\_YES \_\_\_ NO

EMAIL

POINT OF CONTACT (MARK ONE): APPLICANT \_\_\_\_\_\_AUTHORIZED AGENT

PHONE NUMBER FOR POINT OF CONTACT:

PLEASE PROVIDE SPECIFIC DETAILS OF REQUESTED CHANGES TO ENVIRONMENTAL DOCUMENT

If the modification(s) requires a site map update, please provide an updated site map. Once the request has been received and reviewed, a projected cost agreement will be sent to Applicant/ Agent.

OFFICE USE ONLY

Staff Member Initials: Date Stamp:
Time Received:

Notes:

Copy of completed form returned to the Applicant/Agent