

TRADE PERMIT APPLICATION CITY OF SANIBEL BUILDING DEPARTMENT

(If there is no fax number or incomplete information, we will not process this permit.)

JOB ADDRESS: _____

STRAP NUMBER: _____

OWNER'S NAME: _____

CONTRACTOR (SUB):
NAME _____

PHONE # (_____) _____ FAX # (_____) _____

CONTRACTORS EMAIL: _____

CONTRACTOR LICENSE NUMBER: _____

SIGNATURE OF LICENSE HOLDER: _____

PRINTED NAME OF LICENSE HOLDER: _____

Job Cost \$ _____ **OR** Attached to Building Permit Number _____

ROOF/RE-ROOF ****For a re-roof only submit a structure insured value. \$ _____**

Metal Sheets Modified Tile Asphalt Shingle Built Up Is tar kettle used? Yes ___ no ___

Underlayment - Manufacturer _____ Florida Product Approval # _____

Roofing - Manufacturer _____ Florida Product Approval # _____

****The Florida Product Approval along with the engineered plans must be on the job- site for any metal or tile roof.**

AIR CONDITIONING Number of Systems Changing _____

Condenser _____ Air Handler _____ Seer _____ K.W. _____ Tons _____ Pkg. Unit _____

Submitted energy sheets _____ **Duct work certification sticker required on unit**

ELECTRIC

For service change: # of amps _____ Description of Work _____

PLUMBING

Description of Work _____

Of Fixtures _____ Hose Bibs _____ Water Heaters _____

THE BUILDING DEPARTMENT WEBSITE IS WWW.MYSANIBEL.COM GO TO CITY FORMS/BUILDING OR GO TO THE BUILDING DEPARTMENT/FORMS FOR THE CREDIT CARD PAYMENT FORM AND FAX TO: (239) 472-8826 OR MAIL TO: BUILDING DEPARTMENT, 800 DUNLOP ROAD, SANIBEL, FL 33957, (239) 472-4555



**CITY OF SANIBEL
BUILDING DEPARTMENT**

COMPANY NAME: _____

CONTRACTOR'S PHONE NO: (_____) _____

CONTRACTOR'S FAX NO: (_____) _____

PERMIT # OR LICENSE _____

AMOUNT TO BE CHARGED TO CARD \$ _____

PAYMENT: (circle one) **VISA** **MASTER CARD**

CARD NO: _____

EXP. DATE: ____ / ____ **3 DIGIT # BACK OF CARD** _____

PRINT NAME OF CREDIT CARD HOLDER: _____

I am the card holder or an agent to the above listed credit card. I authorize the City of Sanibel to charge fees to the above listed credit card account.

CREDIT CARD SIGNATURE: _____

BILLING ADDRESS: _____

Billing zip code (need to have to process) _____

*Or mail check to: City of Sanibel
Attn: Building Department
800 Dunlop Road
Sanibel, FL 33957*

*** BUILDING DEPARTMENT FAX NO: 239-472-8826 ***