



CITY OF SANIBEL BUILDING DEPARTMENT RE-ISSUANCE FORM

_____ is requesting a re-issuance for the permit listed
(Print Company Name)

below to complete all outstanding inspections needed for the issuance of the Certificate of Completion. Please submit the Credit Card Payment form for payment.

DATE: _____

SITE ADDRESS: _____

PREVIOUS PERMIT NUMBER: _____

EMAIL OR FAX NUMBER: _____

PRINT NAME OF LICENSE HOLDER: _____

SIGNATURE OF LICENSE HOLDER: _____

LICENSE NUMBER: _____

BUILDING OFFICIAL: _____

BUILDING DEPARTMENT FAX: 239-472-8826 OR EMAIL
sanibelbuild@mysanibel.com

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