CITY OF SANIBEL BUILDING DEPARTMENT

TRADE PERMIT APPLICATION

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

JOB ADDRESS: _____
OWNER'S NAME: _____

CONTRACTOR (SUB):
NAME _____
PHONE NO. (_____)_____ FAX NO. (_____) _____
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. $_____**

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

Fiberglass _____ Tear Off _____ Concrete Tile _____ Built Up _____ Modified _____ Metal Sheets _____

AIR CONDITIONING

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

ELECTRIC

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

PLUMBING

Description of Work _____
(# of) Fixtures _____ Hose Bibs _____ Water Heaters _____

==========

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

CARD NO: __ __ __ __ **-** __ __ __ __ **-** __ __ __ __ **-** __ __ __ __ **exp.** ___**/**___

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 the permit fee to the above listed credit card account.

CREDIT CARD SIGNATURE: _____
BILLING ADDRESS: _____**(zip code)**_____

BUILDING DEPARTMENT FAX NO: 239-472-8826