

**CITY OF SANIBEL
BUILDING DEPARTMENT
APPLICATION FOR
90 Day
BUILDING PERMIT EXTENSION**

BUILDING PERMIT NUMBER: _____

ADDRESS: _____

COMPANY NAME: _____

CONTRACTORS PHONE NO: _____

CONTRACTORS FAX: _____

EXTENSION OF BUILDING PERMIT UNTIL: _____

FEE: (10% OF FEE FOR PERMIT, WITH A MINIMUM OF \$53.25)

PAYMENT: (CIRCLE ONE) **VISA** **MASTERCARD**

CARD NO: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **EXP.** ____ / ____

3 DIGIT # BACK OF CARD _____

PRINTED 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: _____

BILLING ZIP CODE (MUST HAVE) _____

BUILDING DEPARTMENT FAX #: 239-472-8826

OR MAIL CHECK TO:

**ATTN: BUILDING DEPARTMENT
800 DUNLOP ROAD
SANIBEL, FL 33957**