City of Sanibel
Building Department
800 Dunlop Road
Sanibel FL 33957
(239) 472-4555 Fax (239) 472-8826

APPLICATION STATE CERTIFIED

- **Name of Individual**: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
Street or PO Box City State Zip

E-mail address _____

Date of Birth _____Home Phone: ( ) _____

Office Phone: ( ) _____Fax Number: ( ) _____

- **Company Name:** _____

Name of company to be qualified, fictitious name used, or if no company name is now qualified, write "individual".

Street Address _____

Street or PO Box City State Zip
Mailing Address_____

Street or PO Box City State Zip

Office Phone ( ) _____ Fax Number: ( ) _____

PLEASE RETURN THIS FORM ALONG WITH THE FOLLOWING:

- Copy of your State License
- Drivers License
- A check payable to The City of Sanibel in the amount of $25.00 (biennial)