



CITY OF VENICE MINOR WORK PERMIT

Phone (941) 486-2626 Fax (941) 486-2448

V. T. District

H. District

(May be applied for in person or may be faxed. Please include copy of signed contract.)

ADDRESS OF IMPROVEMENT:

PROPERTY OWNER:

PHONE:

CONTRACTOR DBA.:

LICENSE #:

CONTRACTOR'S ADDRESS:

CITY REGISTRATION #:

FAX #:

PHONE #:

TYPE OF PERMIT		IMPROVEMENT		VALUE	
ROOFING		NEW		MINIMUM	
PLUMBING		ADDITION		COST \$	
ELECTRICAL		REPLACE		TEMPORARY	
MECHANICAL		REPAIR		OTHER	
BUILDING ,MINOR REPAIR		EXTEND			
OTHER		ALTER		ESCROW ACCOUNT #	

DESCRIPTION OF WORK: _____

Signature of Qualifier

State of Florida, County of Sarasota

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20_____

Personally known or Identification produced _____



Signature of Notary Public

STAFF USE ONLY:

	Initial	Date in :	Date out :
Zoning Approval:			
Fire Approval:			
Building Approval:			

Amount:

Permit #:

Does this work have to be reviewed and approved by the City of Venice Architectural Review Board: Revised 3/10/2004

Yes No