



CITY OF VENICE MINOR WORK PERMIT

401 W. Venice Ave., Venice, FL 34285
 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:	EMAIL:
CITY REGISTRATION #: _____	FAX #: _____ PHONE #: _____

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

DESCRIPTION OF WORK: _____

 Signature of Qualifier

 PRINT NAME

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

S E A L

*** STAFF USE ONLY:***

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

Amount:	Permit #:
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Does this work have to be reviewed and approved by the City of Venice Architectural Review Board: Yes No