CITY OF VENICE

401 W. Venice Ave., Venice, FL 34285 **Phone (941) 486-2626**



MINOR WORK PERMIT APPLICATION

V. T. District

| PROPERTY OWNER: | PHONE: LICENSE #: | | |
|--|-----------------------------|--|------------|
| CONTRACTOR DBA: | | | |
| 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: | | | |
| DESCRIPTION OF WORK: | | Signature of Qualifier | |
| State of Florida, County of Sarasota | | | |
| State of Florida, County of Sarasota | | Signature of Qualifier PRINT NAME | |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this | | Signature of Qualifier PRINT NAME 20 | EAL |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this Personally known or identification produced | day of | Signature of Qualifier PRINT NAME 20 | EAL |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this | day of | Signature of Qualifier PRINT NAME 20 | EAL |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this Personally known or identification produced | day of | Signature of Qualifier PRINT NAME 20 | EAL |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this Personally known or identification produced | day of | Signature of Qualifier PRINT NAME 20 | Date out : |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this Personally known or i dentification produced Signature of Notary | day of* * STAFF USE ONLY:* | Signature of Qualifier PRINT NAME 20 SA | |
| State of Florida, County of Sarasota Sworn to(or affirmed) and subscribed before me this Personally known or i dentification produced Signature of Notary Zoning Approval: | day of* * STAFF USE ONLY:* | Signature of Qualifier PRINT NAME 20 SA | |
| Sworn to(or affirmed) and subscribed before me this Personally known or i dentification produced | day of* * STAFF USE ONLY:* | Signature of Qualifier PRINT NAME 20 SA | |