

**CITY OF SANIBEL  
BUILDING DEPARTMENT**

**REINSPECTION FEE**

**ADDRESS:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**BUILDING PERMIT NUMBER:** \_\_\_\_\_

**CONTRACTOR'S NAME:** \_\_\_\_\_

**CONTRACTOR'S PHONE NO:** \_\_\_\_\_

**CONTRACTOR'S FAX PHONE NO:** \_\_\_\_\_

**SIGNATURE (LICENSE HOLDER):** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**REINSPECTION FEE IS \$42.75 PER INSPECTION**

**No. of Inspections:** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**PAYMENT:** *(circle one)*      **VISA**                      **MASTER CARD**

**CARD NO:** \_\_\_\_\_      **exp.** \_\_\_\_ / \_\_\_\_

**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:** \_\_\_\_\_

**BUILDING DEPARTMENT FAX NO: 239-472-8826**