



Town of Fort Myers Beach

PERMIT REVISION FORM

Permit Number: _____ Date: _____

License Number: _____

Contractor: _____ Phone Number: _____

Contact Name: _____ License Number: _____

Email address: _____

Site Address: _____

CHECK ONE

Revision

Additional Information

Does this revision modify setbacks? YES NO If YES, a new site plan is required.

Description of Request:

Printed Name: _____ Date: _____

Signature: _____

Approved

Denied

Reviewed By: _____ Date: _____