

TRANSMITTAL FORM

For making submittals, other than formal applications, to:
TOWN OF LONGBOAT KEY
PLANNING ZONING & BUILDING DEPT.

501 Bay Isles Road
Mailing Address: 501 Bay Isles Road
Longboat Key, FL 34228
PHONE: 941-316-1966
FAX: 941-316-1970

DATE: _____ FROM: _____
TO ATTN OF: _____ Company: _____
_____ Phone: _____
FAX: _____

THE FOLLOWING IS SUBMITTED FOR CONSIDERATION BY PZB STAFF:

- Response To Application Plan Review Dated: _____
 Permit #: _____ Change Order Request Other Information (explain below)
 OTHER: _____

SITE LOCATION/ADDRESS: _____

ATTACHMENTS: # _____ sets of plans containing pages # _____
Other: _____

APPLICABLE CODES / TRADES (Check All That Apply):

- | | | | |
|--|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> BUILDING / FEMA | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> HVAC | <input type="checkbox"/> PLUMBING |
| <input type="checkbox"/> ZONING | <input type="checkbox"/> GAS VENTING | <input type="checkbox"/> GAS PIPING | <input type="checkbox"/> FIRE MARSHAL |

ADDITIONAL DIRECTION / COMMENTS TO STAFF REGARDING THIS TRANSMITTAL:

PZB USE ONLY: COMMENTS / APPROVALS

Staff signature: _____ Date: _____