

Permit Completion Request

This form must be submitted via email to: dotengineering@leegov.com

To: LCDOT Engineering Services 239-533-9300

I, permit and address. The perm	, am requesting a completion on the following and the following as th	
Owner/Builder** Licensed Contractor		
Permit Number:		
Job Address:		
City, State & Zip:		
Name (Owner/Builder or Lic	cense Holder):	
Company Name:		
License Number:		
Please be aware of the followi to be processed:	ng fees and items, which may be required for yo	ur Completion Request
 Additional Impact Fees 	or Revision Required Due to the Current Standa (if applicable) d insurance with Contractor Licensing (for Licens	
Printed Name	Signature Authorization*	 Date

^{*}Requests submitted by a contractor must be signed by the license holder or authorized signer on file with Lee County.