



**CITY OF TREASURE ISLAND
COMMUNITY IMPROVEMENT DEPARTMENT**

120 – 108TH AVENUE
TREASURE ISLAND, FL 33706
Phone: (727) 547-4575 Fax: (727) 547-4584
www.MyTreasureIsland.org

REVISION FEMA 50% COST BREAKDOWN FORM WITH PERMIT

DATE: _____ PERMIT#: _____

PROJECT ADDRESS: _____

COMPANY NAME: _____

CONTACT PERSON: _____

PHONE: _____ EMAIL: _____

ADDITIONAL VALUE OF WORK (non FEMA 50%): \$ _____

- FEMA 50% - ORIGINAL IMPROVEMENT THRESHOLD: \$ _____
- FEMA 50% – ORIGINAL VALUE OF WORK: \$ _____
- FEMA 50% - ORIGINAL COST BALANCE FOR PERMIT: \$ _____
- ADDITIONAL COST ADDED TO FEMA 50% FORM: \$ _____
- (See back also)
- FEMA 50% - REVISED COST BALANCE FOR PERMIT: \$ _____

DESCRIPTION OF REVISED / ADDITIONAL WORK: _____

SIGNATURE : _____ DATE: _____

(please print name)

REVISION FEE: \$ _____ NO FEE:

PLANS EXAMINER: _____

CERTIFIED FLOODPLAIN MANAGER: _____

BUILDING

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
BUILDING TOTAL			\$

ELECTRICAL / PLUMBING / MECHANICAL / GAS / ROOF

ITEMS	MATERIALS COST	LABOR COST	TOTAL COST
TOTAL			\$

BUILDING TOTAL	\$
ELECTRIC TOTAL	\$
PLUMBING TOTAL	\$
MECHANICAL TOTAL	\$
GAS TOTAL	\$
ROOF TOTAL	\$
MISCELLANEOUS TOTAL	\$
GRAND TOTAL	\$

CONTRACTOR NAME / COMPANY: _____

CONTRACTOR SIGNATURE: _____

DATE: _____