CITY OF TALLAHASSEE

| Date: | TMA |
|--|--|
| Contractor: | License #: |
| L the above listed Contractor, by purchase of Apr | pliance Stickers, I am acknowledging that installation of an |
| appliance will be installed in accordance with the | manufacturer's instructions. The appliances being replaced Growth Management Policy 318GM and my employee doing |
| Appliance Stickers are sold in Packages of 10. | |
| \$ 70.00 each | S |
| (# of Packages) X \$ 2.50 each (surcharge) | + s |
| State Surcharges: | + s |
| TOTAL DU | E = \$ |
| | FF USE ONLY |
| | |
| Applicant Signature: | Date: |

Growth Management Department | Building Inspection Division | Phone: (850)891-7001, option 2 | Fax: (850)891-0948 Location: 435 N. Macomb Street, Tallahassee, FL 32301 | Mailing: 300 S. Adams Street B-28, Tallahassee, FL 32301