



Mitigation Request Form

Per FSS Copy Fees May Apply

Please provide the following information when submitting a Mitigation Request Form:

Your Company Name: _____

Address: _____

Telephone Number: _____ Fax #: () _____

Contact Person: _____ Email: _____

<i>Requestor</i>		<i>City</i>		
Address	Permit Type example: Roof, Window, Shutter	Permit #	Application Date	Date of Last Approved Inspection

Additional permit information may be obtained from www.coral springs.org

For office use only

Date Received: _____ /Returned: _____ Completed: _____