

# NEIGHBORHOOD TEAM ASSISTANCE APPLICATION



## PROPERTY OWNER INFORMATION

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## INDIVIDUAL COMPLETING APPLICATION OTHER THAN OWNER:

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Power of Attorney: YES NO

Number of People Living in the Home: \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Additional Property Owned: YES NO Rental Income: YES NO

Address: \_\_\_\_\_

## REQUESTED ASSISTANCE

Assistance requested with the following (check all that apply):

Accessibility Ramp	Fence Repair	Plumbing	Other (Please specify) _____ _____
Carpentry	Junk	Roof Patch/Tarp	
Exterior Paint	Overgrowth Removal	Trash and Debris Removal	

Codes Compliance Assistance Violation Notice Received: Yes No

"I, \_\_\_\_\_, swear or affirm, the information provided herein is true and accurate to the best of my knowledge and any false information provided may be grounds for denial of assistance."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUBMISSION OPTIONS:

**Mail:**  
Codes Compliance Assistance  
N-Team  
P.O. Box 2842  
St. Petersburg, FL 33731-2842

**Drop Off:**  
Codes Compliance Assistance Counter  
Municipal Services Center, 1st floor  
One 4th St. N.  
St. Petersburg, FL 33701

**Email:**  
[Codes@stpete.org](mailto:Codes@stpete.org)

**More information:**  
Codes Compliance Assistance  
[www.stpete.org/codes](http://www.stpete.org/codes)

Or complete  
this form  
online instead:



La ciudad de St. Petersburg se compromete a garantizar que el acceso al programa vital esté disponible para todos los ciudadanos y visitantes. Si necesita traducción de idiomas para acceder a esos programas, comuníquese con el Coordinador de Diversidad y ADA de la Ciudad al 727-893-7345 o [lendel.bright@stpete.org](mailto:lendel.bright@stpete.org)