



Construction Services & Permitting  
**Rebates for Residential Rehabs  
Program Application**

Revised August 20, 2014

One Fourth Street North  
St. Petersburg, FL 33701  
(727) 893-7231

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

Parcel Identification Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address for Rebate: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Construction Value of Improvements: \_\_\_\_\_

This Application for Rebates for Residential Rehabs program must be submitted and approved prior to commencing work. The completed checklist and cost break-down showing proposed improvements must also be submitted at the time of application. Upon approval of the permit application and issuance of the building permit, a pre-inspection will be scheduled prior to commencing work.

As the applicant I understand that all work must be completed within 180 days of permit issuance and that projects exceeding 180 days may not be eligible for the Residential Rehab Rebate. I also understand that before I receive the approved rebate that a Certificate of Completion must be applied for with the City of St. Petersburg and final release of lien forms must be submitted from all contractors/subcontractors. Payment will be made after all final inspections have been completed and required documentation submitted.

The applicant does hereby certify that all work will be done in accordance with program guidelines and by licensed contractors. **All work shall comply with the applicable Florida Building Code.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

Permit Technician \_\_\_\_\_ (or) Notary \_\_\_\_\_

Applicant is \_\_\_ personally known to me or produced \_\_\_\_\_ as identification.  
(type of identification)

**Office Use Only**

Proposed Improvements Value \$ \_\_\_\_\_

Rebate Amount \$ \_\_\_\_\_

Property located inside incentive area ( ) Yes ( ) No

Approved by \_\_\_\_\_

Date \_\_\_\_\_

# Cost Breakdown

Fill in all costs associated with your permit. Indicate N/A if not applicable.

## Eligible Improvements

- \_\_\_\_\_ Structural Repairs \$ \_\_\_\_\_
- \_\_\_\_\_ Roofing \$ \_\_\_\_\_
- No roof-overs
  - Code compliant for insurance cost reduction (SWB)
- \_\_\_\_\_ Windows \$ \_\_\_\_\_
- Must replace all windows if any are replaced

## Electrical Upgrades

- \_\_\_\_\_ Arc fault in bedrooms \$ \_\_\_\_\_
- \_\_\_\_\_ GFCI \$ \_\_\_\_\_
- \_\_\_\_\_ Service upgrades \$ \_\_\_\_\_
- \_\_\_\_\_ Rewires \$ \_\_\_\_\_
- \_\_\_\_\_ Other \$ \_\_\_\_\_

## HVAC Replacement

- \_\_\_\_\_ Complete equipment upgrades (air handler & condenser unit) \$ \_\_\_\_\_
- \_\_\_\_\_ Duct replacement \$ \_\_\_\_\_
- \_\_\_\_\_ Other \$ \_\_\_\_\_

## Plumbing Upgrades

- \_\_\_\_\_ Water closet low water use \$ \_\_\_\_\_
- \_\_\_\_\_ Shower head water flow reduction \$ \_\_\_\_\_
- \_\_\_\_\_ Dishwasher with high energy efficiency/low water use \$ \_\_\_\_\_
- \_\_\_\_\_ Sanitary and potable water line upgrades \$ \_\_\_\_\_
- \_\_\_\_\_ High efficiency water heater upgrades \$ \_\_\_\_\_
- \_\_\_\_\_ Other \$ \_\_\_\_\_

## Kitchen and Bath Upgrades

- \_\_\_\_\_ Upgrade electrical to GFCI and LED \$ \_\_\_\_\_
- \_\_\_\_\_ Low maintenance counters \$ \_\_\_\_\_
- \_\_\_\_\_ New appliances \$ \_\_\_\_\_
- \_\_\_\_\_ Other \$ \_\_\_\_\_

## Insulation Upgrades

- \_\_\_\_\_ Ceiling (min. R-30 when space allows) \$ \_\_\_\_\_
- \_\_\_\_\_ Walls (R-13 when walls exposed) \$ \_\_\_\_\_
- \_\_\_\_\_ Floors (R-19 where accessible) \$ \_\_\_\_\_
- \_\_\_\_\_ Other \$ \_\_\_\_\_

## Other Improvements \_\_\_\_\_

**(August 20 – December 31, 2014) Initial Permit Fees (TBD)** \$ \_\_\_\_\_

**TOTAL APPROVED** \$ \_\_\_\_\_

### Office Use Only

Total Eligible Improvements: \$ \_\_\_\_\_ Maximum Rebate: \$ \_\_\_\_\_

Initial inspection conducted and improvement eligibility verified ( ) Yes ( ) No

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date