



Gold Hammer Award Nomination Form

Improvement Category:

- Commercial Residential New Construction

(Public Buildings are not eligible)

Owner's Name: _____

Business Name: _____

Address: _____

Submitted by: _____

Phone: _____

Approximate date work began: _____

Approximate date work was completed: _____

Type of work performed:

- Rehabilitation (significant reconstruction work due to deterioration)
 Renovation (existing building or structure remodeled and updated)
 New Business

Additional Comments: _____

Submit to: City Clerk's Office, P.O. Box 1480, Fort Pierce, FL 34954

Email: lcox@cityoffortpierce.com; fax to 772.467.3841; Questions Call 772.467.3065

