



# CITY OF CAPECORAL

Development Services / Code Compliance Division / Licensing

## AGENT AUTHORIZATION LETTER

Revised 11/13/2020

LICENSE HOLDER NAME: \_\_\_\_\_ STATE LICENSE#: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ CITY LICENSE#: \_\_\_\_\_

BUSINESS PHONE# \_\_\_\_\_

I HEREBY AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT AS MY AGENT IN ALL AREAS OF THE PERMITTING PROCEDURES WITH THE CITY OF CAPE CORAL, DEVELOPMENT SERVICES.

**CHECK ONLY ONE:** Return to Development Services, Code Compliance Division / Licensing

- Authorizing **ONLY** those listed below. **This rescinds all previously submitted authorizations.**
- ADDITION** to a previously submitted authorization.
- ONE JOB ONLY** authorization. Job Site Address: \_\_\_\_\_ Building Permit#: \_\_\_\_\_
- AUTHORIZED ONLY TO DROP OFF AND PICK UP PERMITS (NOT AUTHORIZED TO SIGN PERMIT).**

### LEGIBLY PRINT AUTHORIZED AGENT'S FULL LEGAL NAME AS APPEARS ON DRIVER'S LICENSE

PRINT	SIGNATURE REQUIRED:
PRINT	SIGNATURE REQUIRED:
PRINT	SIGNATURE REQUIRED:
PRINT	SIGNATURE REQUIRED:
PRINT	SIGNATURE REQUIRED:

**NOTE: Section below must bear the NOTARIZED SIGNATURE OF THE LICENSE HOLDER.**  
License holder understands he/she remains fully responsible and liable for all acts performed under said permits.

\_\_\_\_\_  
Qualifier's Signature

\_\_\_\_\_  
Date

Pursuant to Section 117.05(13)(a), Florida Statutes, the following notarial certificate is sufficient for an acknowledgment in an individual capacity.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, who is \_\_\_\_\_ personally known or \_\_\_\_\_ who has  
produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public Signature: NOTARY SEAL:

\_\_\_\_\_  
Name of Notary – typed, Printed or Stamped