



CITY OF CAPECORAL

Department of Community Development / Code Compliance Division / Licensing

AUTHORIZATION LETTER

LICENSE HOLDER NAME: _____ STATE LICENSE#: _____

FIRM NAME: _____ CITY LICENSE#: _____

FIRM ADDRESS: _____ CITY, STATE _____

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, DEPARTMENT OF COMMUNITY DEVELOPMENT.

CHECK ONLY ONE: Return ORIGINAL to the Licensing/Business Tax Division – Department of Community Development.

- 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 PICK UP PERMITS (NOT AUTHORIZED TO SIGN PERMIT).**

AUTHORIZED PERSON (S)

PRINT	SIGNATURE
PRINT	SIGNATURE
PRINT	SIGNATURE
PRINT	SIGNATURE
PRINT	SIGNATURE
PRINT	SIGNATURE

NOTE: This section must bear the NOTARIZED SIGNATURE of the License Holder. I understand that I remain fully responsible and liable for all acts performed under said permits.

Date: _____ Signature: _____
(License Holder)

State of Florida
County of _____

Certified and Subscribed before me on this _____ day of _____, 20__ by _____.

He/she is personally known to me or has produced a _____ as identification.

Notary Seal:

Notary Public Signature: _____

Printed name of Notary: _____