

CITY OF PENSACOLA, INSPECTION SERVICES
P.O. BOX 12910
PENSACOLA, FLORIDA 32521-0053
(850) 436-5600

LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

\$25.00 Fee

THIS AUTHORIZATION DELETES ALL PREVIOUS NAMES ON FILE WITH THE CITY. This is to certify that the below listed person (s) whose signatures (s) appear below is/are employed by me and authorized to sign for permits, inspections, C.O.'s, etc. in my name: (Specify function by name or person if necessary.) **THE PERSON GRANTING AUTHORIZATION IS RESPONSIBLE FOR ALL PERMITS PULLED & ALL WORK DONE.**

PRINTED NAME OF AUTHORIZED PERSON	SIGNATURE

I further submit that I am knowledgeable of Chapter 489, Florida Statutes. I understand that the Construction Industry Licensing Board and the Electrical Contractor's Licensing Board have the power and authority to discipline a license holder for violations committed by him, his agents, officers or employees, and that I have full responsibility for compliance with all statutes, codes and laws inherent in the privilege granted by issuance of such permits.

If at any time person(s) authorized above are no longer in my employ, I will submit and updated authorized list deleting and/or adding authorized agents.

NAME (Print/Type)

SIGNATURE (Must be Notarized)

DATE

LOCAL CONTRACTOR NUMBER

TELEPHONE NUMBER

STATE CONTRACTOR NUMBER

COMPANY NAME

If at any time any person (s) you have authorized to sign for permits or do other business in your name is (are) no longer in your employment, you must submit an updated, authorized list deleting and/or adding authorized personnel. Failure to do so may allow unauthorized persons to use your name and/or license number to obtain permits. **THIS AUTHORIZATION CANCELS ALL PREVIOUS AUTHORIZATIONS ON FILE WITH THE CITY.**

STATE OF _____

COUNTY OF _____

_____ Personally appeared before me on this ____ day of _____, 20____.

____ PERSONALLY KNOWN

____ I.D SHOWN _____

Notary Public

