

Building Department

727-588-1477



Contractor Letter of Authorization

I, (Name) _____, license holder for
(Business) _____, authorize the following agents to apply for,
sign for, and pick up permits under my license number _____. DATE:

_____. Please allow only the person(s) listed below to sign. This letter of authorization
supersedes all others previously on file. _____

Qualifier's Printed Name

Qualifier's Signature

STATE OF FLORIDA

COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by
_____ who is personally known to me or has produced
_____ as identification and who did or did not take an oath.

Notary Signature _____

Notary Stamp: