**Building Department**
901 Ponce de Leon Blvd, Belleair, FL 33756
(727) 588-1477 building@townofbelleair.net
www.townofbelleair.com

# Associated User
# Licensed Contractor

I, _____, whose License Number is _____ do hereby designate the following individual(s) as having the authority to submit applications and to sign related documents for the purpose of obtaining building permits under my Contractor License.

I further acknowledge and accept, as a licensed contractor, my responsibility, and liability for each project permitted under the authority designated on this form, which supersedes and repeals all other previously submitted Associated User forms, and that my failure to assume and fulfill said duty may be grounds for the initiation of disciplinary action against my contractor's license.

All information in the table below is required. It must be printed and legible. All Associated users must have a unique email address.

| Full Legal Name | Email Address | Phone Number |
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Designated signers will be required to provide proper identification at the request of the permit office. You must return this form to our office. We are happy to provide this service; however, we reserve the right to suspend this service at anytime due to its abuse or misuse.

BY: _____ _____
(Printed Contractor Name) (Contractor Signature)

State of Florida, County of _____. Sworn to (or affirmed) and subscribed before me this _____day of _____ 20_____, by _____ who is personally known to me or who has produced _____ (type of ID) as identification.

_____
Signature of Notary Public State of Florida

My Commission Expires: _____

_____
Notary Seal