



# CITY OF CAPE CORAL

## City Clerk's Office/Licensing/Business Tax Division AUTHORIZATION LETTER

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

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

FIRM ADDRESS: \_\_\_\_\_ 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:

Authorizing ONLY those listed below. This rescinds all previously submitted authorizations. Return ORIGINAL to the Licensing/Business Tax Division/City Clerk's Office.

ADDITION to a previously submitted authorization. Return ORIGINAL to the Licensing/Business Tax Division.

ONE JOB ONLY authorization. Return ORIGINAL to Licensing/Business Tax Division.

Job Site Address: \_\_\_\_\_ Building Permit # \_\_\_\_\_

### AUTHORIZED PERSON(S)

|       |           |
|-------|-----------|
| 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 \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Notary Seal: