



# 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: \_\_\_\_\_