



Authorization Letter

Licensing/Business Tax Division/City Clerks Office

License Holder Name: _____ State License: _____

Firm Name: _____ City License: _____

Firm Address: _____ Business Phone: _____

Email Address: _____

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**:

- If you are authorizing ONLY those listed below. This rescinds all previously submitted authorizations. (Return ORIGINAL to the Licensing/Business Tax Division/City Clerks Office)
- If this is an ADDITION to a previously submitted authorization (Return ORIGINAL to the Licensing/Business Tax Division/City Clerks Office)
- If this is for ONE JOB ONLY (Return ORIGINAL to Licensing/Business Tax Division/City Clerks Office)

Job Site Address: _____ Building Permit # _____

AUTHORIZED PERSON (S)

| | |
|-----------------|-----------|
| TYPE/PRINT NAME | SIGNATURE |
| TYPE/PRINT NAME | SIGNATURE |
| TYPE/PRINT NAME | SIGNATURE |
| TYPE/PRINT NAME | SIGNATURE |
| TYPE/PRINT NAME | 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 of License Holder _____

STATE OF _____, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__, by _____ who is personally known or produced _____

as identification.

Exp. Date: _____ Commission Number: _____

Signature of Notary Public: _____

Printed name of Notary Public: _____