



Development Services Department
1015 Cultural Park Blvd Cape
Coral, FL 33990
Telephone (239) 574-0870
e-mail contractorregistration.gov

AGENT AUTHORIZATION LETTER

LICENSE HOLDER NAME: _____ STATE LICENSE#: _____

FIRM NAME: _____ 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, DEVELOPMENT SERVICES DEPARTMENT.

CHECK ONLY ONE: Return to Development Services Department.

☐ 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 DROP OFF AND PICK UP PERMITS (NOT AUTHORIZED TO SIGN PERMIT).**

LEGIBLY PRINT AUTHORIZED AGENT'S FULL LEGAL NAME AS IT APPEARS ON DRIVER'S LICENSE

AUTHORIZED AGENT'S NAME: _____ SIGNATURE: _____

AUTHORIZED AGENT'S NAME: _____ SIGNATURE: _____

AUTHORIZED AGENT'S NAME: _____ SIGNATURE: _____

NOTE: Section below must bear the NOTARIZED SIGNATURE OF THE LICENSE HOLDER.

License holder understands he/she remains fully responsible and liable for all acts performed under said permits.

Qualifier's Signature

Date

Pursuant to Section 117.05(13)(a), The following notarial certificates are sufficient for the purposes indicated, if completed with the information required by this chapter. The specification of forms under this subsection does not preclude the use of other forms.

(a) For an oath or affirmation:

NOTARY

STATE OF FLORIDA

COUNTY OF _____

Before me, this _____ day of _____, 20____, personally appeared _____,

who executed the foregoing instrument, and acknowledged that same was executed for the purposes therein expressed.

He/she is _____ personally known or _____ procured Identification. Type of ID _____

Signature of Notary Public

Seal