



CITY OF CAPE CORAL

Development Services Department

AUTHORIZATION LETTER

LICENSE HOLDER NAME: _____ STATE LICENSE#: _____

FIRM NAME: _____ BUSINESS PHONE: _____

FIRM ADDRESS: _____ CITY, STATE _____

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 to Contractor Registration by email to contractorregistration@capecoral.gov.

☐

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: _____

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AUTHORIZED ONLY TO PICK UP PERMITS (NOT AUTHORIZED TO SIGN PERMIT).

AUTHORIZED PERSON (S)

PRINT	E-MAIL	SIGNATURE
PRINT	E-MAIL	SIGNATURE
PRINT	E-MAIL	SIGNATURE
PRINT	E-MAIL	SIGNATURE
PRINT	E-MAIL	SIGNATURE
PRINT	E-MAIL	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.

Printed name of Notary: _____

Notary Seal:

Notary Public Signature: _____