



# 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](mailto: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: \_\_\_\_\_
- 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: \_\_\_\_\_