

PERMIT AUTHORIZATION
CITY OF TITUSVILLE BUILDING DEPARTMENT

PLEASE SIGN THE APPLICABLE SECTION AND HAVE THIS FORM NOTARIZED AND RETURN FORM TO THE BUILDING DEPARTMENT.

OWNER: _____

SITE ADDRESS: _____ TITUSVILLE, FL.

DESCRIPTION OF WORK TO BE DONE: _____

PERMIT # _____
(By completing this section limits this authorization to the job listed.)

CONTRACTOR AUTHORIZATION

1. I, _____, hereby authorize
(signature of qualifier)
_____ to obtain a permit on my
(print authorized person's name)
behalf. License # _____.

At such time as the above named person may secure a permit based on this authorization, I will assume full responsibility for their actions insofar as the provisions of the City of Titusville Licensing laws are applicable to me as a certificate holder. I understand that I am required to notify the City of Titusville Building Department immediately, in writing, in the event that I wish to have the name of the above person removed from this authorization.

I understand that this authorization shall be valid for a period not to exceed the regular renewal date of the renewal period in which this agreement was executed. Should I desire to extend the provisions of this authorization upon its expiration date, I understand I will be required to execute a new authorization form.

EFFECTIVE DATE _____

EXPIRATION DATE _____

PROPERTY OWNER AUTHORIZATION

2. I, _____, hereby authorize
(signature of owner)
_____ to sign for and
(print authorized person's name)
obtain a building permit on my behalf.

If not utilized within thirty (30) days from the date of my signature, this authorization will become null and void.

STATE OF
COUNTY OF

Sworn to and Subscribed before me this _____ day of
_____ 20____,

By _____ who is personally known to me or produced
identification _____.

Notary Public signature

Print name