

## City of Lake City - Growth Management

173 NW Hillsboro St. Lake City, FL 32055 Phone: (386) 752-2031 Email: Permits@lcfla.com

## LETTER OF AUTHORIZATION TO SIGN FOR PERMITS

l,	(license holder name), licensed qualifier	
for	(company name), docertify that	t
the below referenced person(s) listed on this form holder, or is/are employed by medirectly or through officer of the corporation; or, partner as defined in person(s) is/are under my direct supervision and permits, call for inspections and sign on my behave	gh an employee leasing arrangement; or, is an in Florida Statutes Chapter 468, and the said I control and is/are authorized to purchase	
Printed Name of Person Authorized	Signature of Authorized Person	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
I, the license holder, realize that I am responsible for all permits purchased, and all work done under my license and fully responsible for compliance with all Florida Statutes, Codes, and Local Ordinances. I understand that the State and County Licensing Boards have the power and authority to discipline a license holder for violations committed by him/her, his/her agents, officers, or employees and that I have full responsibility for compliance with all statutes, codes and ordinances inherent in the privilege be granted by issuance of such permits.  If at any time the person(s) you have authorized is/are no longer agents, employee(s), or officer (s) you must notify this department in writing of the changes and submit a new letter of authorization form, which will supersede all previous lists. Failure to do so may allow unauthorized people to use your name and/or license number to obtain permits.		
License Holders Signature (Notarized)	License Number Date	
NOTARY INFORMATION:		
State of: County of:		
The above license holder, whose name is personally appeared before me and is known by me on this day of	e or has produced identification (type of I.D.)	
	(Seal/Stamp)	