

# EPCI

## LETTER OF AUTHORIZATION

I, \_\_\_\_\_, Contractor / Qualifier of \_\_\_\_\_  
PRINT NAME OF CONTRACTOR PRINT NAME OF BUSINESS

On this date \_\_\_\_\_, grant to \_\_\_\_\_ my  
MONTH - DAY - YEAR PRINT NAME OF AUTHORIZED PERSON

Authorization.

To sign for and obtain Permits and / or Development Orders in my behalf.  
(This authorization shall be valid until the Contractors send a notarized letter requesting that this person be removing from this list.)

I SWEAR AND ATTEST THAT THIS PERSON IS AN EMPLOYEE ACTIVELY EMPLOYED ON MY PAYROLL AND NOT AN UNLICENSED CONTRACTORS.

\_\_\_\_\_  
SIGNATURE OF CONTRACTOR

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_ by \_\_\_\_\_  
MONTH - DAY - YEAR CONTRACTOR NAME

Who is personally known to me or who has presented \_\_\_\_\_ as  
TYPE OF IDENTIFICATION  
Identification.

\_\_\_\_\_  
NOTARY SIGNATURE

My Commission Expires: \_\_\_\_\_

NOTARY SEAL