

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