Permit Agent Authorization

I, __________________________________________ ______________________________________________

(License Holder’s Name NOT Company Name) (Contractor’s License #)

hereby authorize the following to act as my agent(s) in obtaining permits in Hillsborough County, Florida.

________________________________________ __________________________________________________________________

________________________________________ __________________________________________________________________

________________________________________ __________________________________________________________________

________________________________________ __________________________________________________________________

________________________________________ __________________________________________________________________

Currently authorized agents will remain on file.

It is the responsibility of the License Holder to notify this office of agent removals.

License Holder’s Signature: ___________________________ Date: ___________________________

State of: ________________________________

County of: ________________________________

Before me, personally appeared, ________________________________________________, who produced __________

____________________________________________ as identification or is personally known to me, and who did affirm and subscribed before

me this ______ day of ______________________, 20_____.

Signature of Notary Public

Affix Seal or Stamp

Name of Notary Typed, printed or stamped

My Commission Expires: ________________________