



City of Niceville

LETTER OF AUTHORIZATION

I, [redacted] (license holder), License Holder for [redacted] (Company Name) do certify that the person(s) listed below are the ONLY authorized personnel to purchase permits, call for inspections and sign on my behalf.

\*Please provide your preferred email address for contractor related correspondence: \_\_\_\_\_

I, the license holder, realize that I am responsible for all permits purchased under my license number and all work done under my license.

Table with 3 columns: Print/ Type Name of Person Authorized, Authorized Person's Signature, ADD or REMOVE from List - MUST BE FILLED OUT. Rows 1-10.

I further submit that I am knowledgeable of Florida Statutes, Chapter 489 and 440. I understand that I have full responsibility for compliance with all statutes, codes, ordinances and laws inherent in the privilege granted by issuance of such permits.

Signature and Date fields with X mark and License Holders Signature and Phone # labels.

If any time the person(s) you have authorized is/ are no longer employee(s), partner(s) or officer(s), you MUST notify this department in writing of ALL changes.

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

The foregoing instrument was acknowledged before me by means of [ ] physical appearance or [ ] online notarization, this [redacted] By [redacted], who is personal known to me or as identification.

Who has produced [redacted] (Type of Identification) [redacted] (Signature of person taking acknowledgment) [redacted] (Name typed, printed or stamped) [redacted] (Title or Rank) [redacted] (Serial Number, if any)

\*\*\*\*\*EMAIL COMPLETED FORM TO: Building@NicevilleFL.gov\*\*\*\*\*