



"The Capital City of the Palm Beaches"

CONSTRUCTION SERVICES DEPARTMENT
P O BOX 3366
West Palm Beach FL 33402
Telephone: 561/805-6700
FAX: 561/805-6676

CONTRACTOR'S AUTHORIZATION FORM

IMPORTANT NOTE
Qualifier and Authorized Agent's signature must be notarized by the same notary. Also, the authorized agent's signature must always be notarized on the permit application. This form cannot be faxed, it must be an original.

State License or Certificate of Competency Number

From: Qualifier

Company Name

Address

City, State

I hereby authorize the City of West Palm Beach Construction Services Department to issue permits in the same name of (Company Name) signed by (Please Print (Authorized Agent))

I hereby certify that the above-authorized person is employed by the firm and understand that I am fully responsible and liable for all acts performed under said permits.

Date

(Signature of Qualifier)

(Signature of Authorized Agent)

State of Florida

County of Palm Beach

Acknowledged before me this \_\_\_ day of \_\_\_ 20 \_\_\_, who are personally known to me or who have produced \_\_\_ as identification and who did / did not take an oath.

(Signature of Notary)

(Printed Name of Notary)

(My Commission Expires)