TOWN OF GRANT-VALKARIA
1449 Valkaria Road
Grant-Valkaria, FL 32950
Phone: (321) 951-1380 Fax: (321) 956-5660

PERMIT AUTHORIZATION TO SIGN ON BEHALF OF CONTRACTOR

Permit #: _____

Site Address: _____
Street City State Zip

Description of work to be done _____

Contractor: _____ **License #:** _____
(Print Name of License Holder)

Contractor Company Name: _____
(Print Company Name)

Phone Number: _____

As contractor for the above referenced permit I hereby authorize the following individual(s) to sign documents related to the above referenced permit including picking up the permit. [NOTE: If an owner is acting as the contractor this authorization does not apply].

_____ **(PRINT NAME OF PERSON)**

_____ **(PRINT NAME OF PERSON)**

_____ **(PRINT NAME OF PERSON)**

This authorization is valid for thirty (30) days from the date of execution. All signatures must be original.

_____ _____
Signature of License Holder Date

STATE OF FLORIDA
COUNTY OF BREVARD
The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____, by _____ who is personally known to me or who has produced _____ as identification.

SEAL

_____
Notary's Signature

_____
Name of Notary (Typed, Printed, or Stamped)