



AUTHORIZATION LETTER

RETURN TO:
Lee County Development Services
Contractor Licensing
P.O. Box 398
Fort Myers, FL 33902

(239) 533-8895 Phone
(239) 485-8577 FAX

ATTN: CONTRACTOR LICENSING

NOTE: COPIES OF ALL REQUIRED LICENSES MUST BE ATTACHED

Please type or print information requested.

License Holder Name: _____ State Lic. #: _____

Firm Name: _____ Certificate of Competency _____

Address: _____ E-Mail Address: _____

Phone: _____ Fax: _____

I HEREBY AUTHORIZE THE FOLLOWING INDIVIDUAL(S) TO ACT AS MY AGENT IN ALL AREAS OF THE PERMITTING PROCEDURES WITH THE LEE COUNTY DEVELOPMENT SERVICE DIVISION.

- _____ I am authorizing ONLY those listed below. (Return form to Contractor Licensing Office.)
- _____ I am authorizing the following individual(s) **IN ADDITION** to a previously submitted authorization form. (Return to Contractor Licensing Office.)
- _____ I am rescinding all previously submitted authorization forms and I am authorizing ONLY those listed below. (Return form to Contractor Licensing Office.)
- _____ This authorization is for **ONE JOB ONLY**. (Return to Permitting Office.)

Job Site Address:

Building Permit Number:

AUTHORIZED PERSON(S) (Print or type)

AUTHORIZED PERSON(S) SIGNATURE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that I remain fully responsible and liable for all acts performed under said permits.

Under penalties of perjury, I declare that I have read the foregoing authorization letter and that the facts stated in it are true.

Date: _____ By: _____
(Signature of License)