



GROWTH MANAGEMENT DEPARTMENT
201 SE 3rd Street (Second Floor), OCALA, FL 34471
Phone: (352) 629-8421 Fax: (352) 629-8264

LETTER OF AUTHORIZATION

COMPANY _____

QUALIFIER _____

LICENSE # _____ TRADE _____

I, _____, hereby authorize the City of Ocala Growth Management Department to issue permits to the following, who is acting as agent to secure permits for me and/or the company I qualify in the designated construction trade.

Name _____ Phone _____

I understand that as qualifier, I take full responsibility for work approved under the permit and all work is to be performed by me and/or the company I qualify.

() This authorization is valid for the project located at _____, Ocala, Florida.

() This authorization is valid for all permits until it is revoked by the qualifier.

PERMITS MUST BE SIGNED BY THE AUTHORIZED AGENT IN THE PRESENCE OF THE BUILDING OFFICIAL OR HIS DESIGNEE.

THIS INSTRUMENT MUST BEAR THE NOTARIZED SIGNATURE OF THE LICENSE HOLDER.

Signature of Qualifier

STATE OF _____

COUNTY OF _____

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

(SEAL)

NOTARY