



**GROWTH MANAGEMENT DEPARTMENT**  
**201 SE 3<sup>rd</sup> 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 \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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.

ALL PREVIOUS/PRIOR LETTER OF AUTHORIZATION FORMS ARE VOID AFTER THIS SUBMITTAL.

\_\_\_\_\_  
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