



Construction Services Division

1400 N. Boulevard
Tampa, FL 33607
Phone: (813) 274-3100
Fax: (813) 259-1712
www.tampagov.net/permits

Contractors Letter of Authorization

ALL INFORMATION IS TO BE TYPED OR LEGIBLY PRINTED

Instructions: Please utilize this form to list only the people you are authorizing to pull permits in your name. Please also indicate (using the check boxes at the bottom of this form), whether this authorization is intended to supersede all previous authorizations.

I, \_\_\_\_\_, \_\_\_\_\_
(Contractor Name) (Contractor License)

hereby authorize the following to act as my agent(s) in obtaining permits in the City of Tampa, Florida.

Table with 2 columns: Name, Agent Email. Multiple empty rows for listing agents.

- Checkboxes for supersede and non-supersede options.

Contractor's Signature

AFFIX
NOTARY
SEAL

STATE OF FLORIDA
COUNTY OF \_\_\_\_\_
Sworn to (or affirmed) and subscribed before me by
means of [ ] physical presence or [ ] online notarization,
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,
by \_\_\_\_\_
(name of person making statement)

Signature of Notary Public - State of Florida
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced Identification
Type of Identification Produced: \_\_\_\_\_