

**OKALOOSA COUNTY DEPARTMENT OF GROWTH MANAGEMENT
LETTER OF AUTHORIZATION**

THIS AUTHORIZATION LETTER SUPERSEDES ALL PREVIOUS LISTS ON FILE UNLESS OTHERWISE INDICATED

I, _____ (license holder), License Holder for (Company Name) _____ do certify that the person(s) listed below are the **ONLY** authorized personnel to purchase permits, call for inspection and sign on my behalf.

I, the license holder, realize that I am responsible for all permits purchased under my license number and all work done under my license.

ADDITION TO EXISTING: YES/NO (Circle One)

Print/Type Name of Person Authorized	Authorized Person's Signature

I further submit that I am knowledgeable of Florida Statutes, Chapter 489 and 440. I understand that I have full responsibility for compliance with all statutes, codes, ordinances and laws inherent in the privilege granted by issuance of such permits.

_____	_____
License Holders Signature	DATE

	PHONE #

If any time the person(s) you have authorized is/are no longer employee(s), partner(s) or officer(s), you MUST notify this department in writing of all changes.

NOTARY INFORMATION

STATE OF _____ COUNTY OF _____

The above license holder, whose name is _____ personally appeared before me and is known by me OR has produced the following identification _____ on this _____ day of _____, 20_____.

NOTARY'S SIGNATURE

COMMISSION EXPIRES