

CITY OF CRESTVIEW PERMIT DEPARTMENT  
LETTER OF AUTHORIZATION

This is to certify that the below listed person(s) whose signature(s) appear below is/are my employee(s), partner(s), and/or officers(s) and are authorized to purchase permits and/or call for inspections. The people listed on this form, other than the license holder, will be the ONLY people allowed to purchase permits and/or call for inspections.

Authorized Person(s)	Signature of Authorized person(s)	Employee Partner or Officer
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
Contractor's Name (print or type)                      Contractor's Signature                      Date

\_\_\_\_\_  
Company Name    Telephone Number

If at any time the person(s) you have authorized is/are no longer your employee(s), partner(s) and/or officer(s), you must notify our department in writing of the changes.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The contractor, whose name is \_\_\_\_\_, personally appeared before me and is known by me or has produced I.D. (type of I.D) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public    My Commission Expires

Mail to: City of Crestview  
Administrative Services  
198 North Wilson Street  
Crestview FL 32536